

WEIGHT LOSS CLEARANCE FORM TREATMENT RECORD

TODAY'S DATE

FIRST NAME	LAST NAME	HEIGHT
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MEDICAL/ FAMILY/ SURGICAL/ PERSONAL HISTORY

REVIEWED WEIGHT LOSS INTAKE FORM. UPDATES LISTED BELOW, IF ANY.
CLIENT HAS EXPRESSED CONCERN OVER STUBBORN FAT AREA AND DESIRE TO IMPROVE MUSCLE MASS.
CLIENT HAS EXPRESSED DIFFICULTIES WITH MAINTAINING A HEALTHY DIET DUE TO CRAVING.

UPDATES/ADDITIONAL INFORMATION

PHYSICAL EXAM

PERFORMED CV, RESP, MS, NEURO, THYROID: ALL WNL, UNLESS NOTES BELOW.
VITAL SIGNS:

INSERT VALUES

REVIEWED IN-BODY RESULTS.
CLIENT'S BMI/BODY METRICS WITHIN NORMAL RANGE.
CLIENT'S BMI/BODY METRICS INDICATE OVERWEIGHT/OBESITY.

LAB TESTS

ORDERED, INSTRUCTED TO COMPLETE WITHIN 1 WEEK.
UTD WITHIN 3M, RECORDS BEING OBTAINED BY CLIENT, UNDERSTAND ADDT'L LAB WORK MAY BE INDICATED.

MEDICATION RECONCILIATION

REVIEWED AND UPDATED.
NO SIGNIFICANT CHANGES.
NO POTENTIAL DRUG INTERACTIONS IDENTIFIED.

cont'd.



INFORMED CONSENT

DISCUSSED BENEFITS, RISKS, AND POTENTIAL SIDE EFFECTS OF WEIGHT LOSS MEDICATION WITH PATIENT.
OBTAINED INFORMED CONSENT.

PRESCRIPTION: INSERT NAME OF WEIGHT LOSS MEDICATION, DOSE, FREQUENCY

FOLLOW-UP PLAN

SCHEDULE FOLLOW-UP APPOINTMENTS AT 1 WEEK, 4 WEEKS, 8 WEEKS AND 12 WEEKS. ADDITIONAL IF INDICATED THROUGHOUT THE PROGRAM.
MONITORING FOR POTENTIAL SIDE EFFECTS.
ASSESSING WEIGHT LOSS PROGRESS.

COUNSELING/ EDUCATION

DISCUSSED LIFESTYLE CHANGES, INCLUDING DIET AND EXERCISE.
PROVIDED EDUCATIONAL MATERIALS ON WEIGHT LOSS AND HEALTHY LIFESTYLE.
PROVIDED EDUCATIONAL MATERIALS ON MEDICATION INSTRUCTIONS POTENTIAL SIDE EFFECTS, AND LIFESTYLE CHANGES.

REFERRAL

RECOMMENDED TO A REGISTERED DIETITIAN OR BEHAVIORAL THERAPIST.

NOTES