Atrium Health Floyd

Center for Bariatric Services

Physician Supervised Weight Loss Visit

Patient Name: _____ Date: _____
DOB: _____ Physician: _____

WT: _____ HT: _____ BP: _____ Pulse: _____ TEMP: _____

Diagnosis: 1) _Obesity (E66.01)___ 2) _____ 3) _____
4) _____ 5) _____ 6) _____

Current Dietary Program:
☐ Low Fat ☐ Weight Watchers ☐ Atkins ☐ South Beach ☐ Thrive ☐ Diabetic Diet ☐ Dietitian ☐ Other

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Physical Activity/Exercise Program:
☐ Increased daily physical activity ☐ Target HR 3x/week ☐ Walking ☐ Gym Attendance ☐ Other

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Behavioral Interventions:
☐Meeting with dietitian ☐ Food journaling ☐ Support group ☐ www.fitday.com ☐ Other

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Consideration or use of Pharmacotherapy w/FDA approved medication:
☐Pharmacotherapy contraindicated secondary to medical condition

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☐ Patient agrees to follow-up every 3 months for the 1st year following bariatric surgery

Addition Comments and/or recommendations:

Signature_____

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