Adult Weight Management Tutorial

SETMA's Weight Management Program is built on the AMA's Adult Weight Management Program which was published in February, 2004. It is premised on the proposition that excess weight and/or frank obesity is not simply coincidental with virtually every disease which we treat but is either contributory and/or directly causative of those conditions including hypertension, congestive heart failure, diabetes, metabolic syndrome, hyperlipidemia, coronary artery disease, and a number of types of cancer, among many others.

SETMA's weight management program is designed to make it simple for health care providers to determine and to document whether or not patients are qualified for treatment with medication or surgery, based on sound scientific evidence. This tutorial will help all providers learn to utilize this suite of templates either for intensive weight management of a patient, or for giving the patient a weight-management assessment, and/or to help a patient understand why they do, or do not qualify for pharmaceutical and/or surgical treatment of their weight.

The weight management assessment is a part of SETMA's LESS Initiative which is utilized with every patient we see.

The Weight Management templates can be accessed from:

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LESS Initiative

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When the Template button is clicked you will be presented with the preference list.

• If the Weight Management (Dm Wm) template is listed as one of your preferences, select it.

• If it is not one of your preferences, select the All radio button and scroll down until you find it in the list. Then you may select the template by either double-clicking on the name or single click on the name (so that it is highlighted in blue) and then click the OK button.

NOTE: For more on how to set up your preferences, <u>Click Here</u>

It is also accessible from several other disease management suites of templates.

The Suite consists of 8 templates which are unique to Weight Management. They are:

- Physician Role
- Evaluation
- Readiness
- Diet Management
- Physical Activity
- Medication
- Surgery
- Follow-up

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V Hypertension	Striae Distensae (Stretch Marks)	Weight	100.00	. Ins	Physician Role
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Colon Cancer	Body Image Disturbance				VM Definitions
Genitourinary	Social Stigmatization				Body Composition
Urinary Stress Incontinence	Respiratory Dysonea	Treatment		Calc	Health and Hope
Obesity-Related Glomerulopathy	Costructive Sleep Apnea				Childhood Nutrition
i riypogonacism (male)	Hypoventilation Syndrome				Medicine, Myths, and Magic
	Pickwickian Syndrome	1			Principles of Weight Loss

As with other disease management suites, it is possible to utilize templates from the **Master GP Suite of Templates** by checking the radial button beside **General** on the Weight Management Master Template. This displays the following templates from the **Master GP Suite**:

- Chief/Chronic
- HPI
- Histories
- System Review
- Physical Exam

Edit Program Risk Factors	Age Sex M	<u>*</u>			Navigation C VM Ceneral
Cardiovascular	Integumentary	Height	63.00	in	Home
V Hypertension	Strive Distense (Stretch Marks)	Weight	100.00	lbs	Chief/Chronic
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Varicose Veins	Celluitis	Hips	160.00	- In	Histories
Pulmonary Embolism	Intertrigo, Carbuncles	Blood Press	ure		Sustan Paulaus
Coronary Antery Disease	Musculoskeletai		1	2	System Review
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Type II Diabetes	E Immobility	Body Fat	30	%	
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Urinary Stress Incontinence	Respiratory	Treatment		Calc	Health and Hope
Obesity-Related Glomerulopathy	Obstructive Sleep Appea	Teatment		Curc	Childhood Nutrition
Hypogonadism (male)	Hypoventilation Syndrome				Medicine, Myths, and Magic
	Pickwickian Syndrome				Principles of Weight Loss
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To display the **Weight Management Templates**, check the radial button next to **WM** at the top of the fourth column on the Weight Management Master template.

Edit Program Bisk Factors	Age Sex M	k			Navigation
Cardiovascular	Integumentary	Height	63.00	in	Home
P Hypertension	Striae Distensae (Stretch Marks)	Weight	100.00	lbs	Physician Role
Congestive Heart Failure	Lymphedema	vVaist Hips	50.00	in in	Evaluation
Varicose Veins	Celluitis	Neck	16.0	in	Readiness
Coronary Artery Disease	Acanthosis Nigricans, Skin Tags	Blood Press	ure		Diet Management
ndocrine	Musculoskeletal	Risk Ratio	83		Physical Activity
Type II Diabetes		Body Fat	30	%	Medication
Dyslipidemia	Costeoarthritis (Knees, Hips)	Protein Req	54	giday	Surgery
	Neurologic	EME	<u> </u>	caucay	Follow Up
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Non-Alcoholic Fatty Liver		Disease Risk Level Calc			Information (Auto-Print)
Cholefithiasis		Assessment Calc		Calc	Obesity and Health Risks
Colon Cancer	Body Image Disturbance	-	n		VM Definitions
enitourinary	Social Stigmatization				Body Composition
Urinary Stress Incontinence	Respiratory Dustoea	Treatment Calc		Calc	Health and Hope
Obesity-Related Glomerulopathy	Costructive Sleep Aprea				Childhood Nutrition
(male)	Hypoventilation Syndrome				Medicine, Myths, and Magic
	Pickwickian Syndrome	-			Principles of Weight Loss
		Print	Assessme	nt	

Weight Management Master Template

Once this template has been completed for the first time, subsequent use of it takes only a few seconds. However, the information contained in it has had a significant impact upon patient's realization of their need to lose weight.

At the top of the template, the following information appears:

- Title
- Patient's name, age, sex
- Edit Program Button

The Edit Program button allows you to reset the Program Start Weigh and the Patient's Target Weight.

iovascular	Risk ractors Integumentary		Height 63.	00 in	Home
H) Do Wo Set			10	0.00 lbs	Physician Role
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cr	Program Start Weight 0 po	unds	/	-	Physical Activity
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The follow	ing RESET button will clear all setting	is in the weight manag	jernent	cal/day	Follow Up
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Obesity-Related Glo	merulopathy Dostructive	Sleep Apnea			Childhood Nutrition
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	Pickwickian	Syndrome			Principles of Weight Lo

Typically, the **Program Start Weight** will be the weight obtained during the patient encounter when the Weight Management Suite was first accessed. The **Patient's Target Weight** will be the patient's ideal body weight calculated by the weight management assessment. It is the weight where there is no longer a health risk from the patient's weight. For a female that will be a BMI of 30 and for a male a BMI of 25.

There are circumstances where the **Program Start Weight** may need to be changed, as in the case of a patient who was seen several years before and the Weight Management **Program Start Weight** was established. If the patient did not continue the program at that time but now is beginning the program again, it would be appropriate to change the **Program Start Weight**.

There are also circumstances where the **Patient's Target Weight** would not be defined appropriately by the algorithm built into SETMA's program. For instance, if there is a disconnect between the BMI and body fat due to muscle mass, it might be appropriate to set a **Patient's Target Weight** higher than that calculated.

To change the **Program Start Weight** and/or the **Patient's Target Weight**, simply click the **Edit Program** button and manually enter the appropriate Start Weight and Target Weight numbers for this patient.

Then click the **RESET** button and the weight's you put into the boxes on the pop-up will now become the reference numbers for the Weight Management Program for this patient.

Dm Wm Set	×
Weight Management Program	
You may edit the Program Start Weight and/or the Patient's Target Weight.	
Program Start Weight 0 pounds	
Target Weight 0 pounds	
The following RESET button will clear all settings in the weight management program including the Program Start Weight as well as the Target Weight.	
OK Cancel	

After following the above directions, click on **OK** and you will be returned to the **Weight Management Master Template**. The Master Template is organized into four columns.

Column 1

This column displays four categories of **Risk Factors** which increase the cardiovascular and/or health risk associated with excess weight. The categories are:

- Cardiovascular
- Endocrine
- Gastrointestinal
- Genitourinary

[Edit Program] Bisk Factors	Age Sex M]		C VM C General
Cardiovascular	Integumentary	Height 63.00	in	Home
V Hypertension	Striae Distensae (Stretch Marks)	vVeight 100.00	lbs	Physician Role
Congestive Heart Failure	Status Pigmentation of Legs Lymphedema	vVaist 50.00	in	Evaluation
Varicose Veins	Celluitis	Neck 16.0	in in	Readiness
Coronary Artery Disease	Acanthosis Nigricans, Skin Tags	Blood Pressure		Diet Management
ndocrine	Musculoskeletal	Risk Ratio 83		Physical Activity
Type II Diabetes		Body Fat 30	%	Medication
Dyslipidemia	Costeoarthritis (Knees, Hips)	Protein Reg 54	g/day	Surgery
	Neurologic	BMI	cauday	Follow Up
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Non-Alcoholic Fatty Liver	Meralgia Paresthetica	Disease Risk Level	Calc	Information (Auto-Print)
Choleithiasis	Depression/Low Self Esteem	Assessment	Calc	Obesity and Health Risks
Colon Cancer	Body Image Disturbance			VVM Definitions
enitourinary	Social Stigmatization			Body Composition
Urinary Stress Incontinence	Respiratory Dyspea	Treatment	Calc	Health and Hope
Desity-Related Glomerulopathy	Constructive Sleep Aprea			Childhood Nutrition
r (naid)	Hypoventilation Syndrome			Medicine, Myths, and Magic
	Pickwickian Syndrome Asthura	24		Principles of Weight Loss

Column 2

There are five categories of **Risk Factors** which increase the cardiovascular and/or health risk associated with excess weight; they are:

- Integumentary
- Musculoskeletal
- Neurologic
- Psychological
- Respiratory

Within each of the above **9 categories** are specific conditions which increase the patient's health risk due to being overweight or obese. Some of these conditions, which are related to data captured elsewhere in the EMR, are automatically noted, others require you to manually note them. Once noted, the condition remains marked until manually unmarked.



Column 3

Vital Signs and Body Composition Measurements are displayed here:

- Height
- Weight Waist
- Hips
- Neck the neck size is very important, as a large neck significantly increases a patient's risk of sleep apnea. The help button attached to this element of body composition gives details on this risk.
- Blood Pressure
- Risk Ratio
- **Body Fat** the body fat is a critical element of the computations which are automatically performed by this program. In addition, body-fat-percent values have a dramatic impact on patient's perception of their body composition, which is a key element to their readiness for change.
- **Protein Requirement** a patient's daily protein requirement is important in that any dietary program needs to maintain the patient's protein requirement so as to minimize the metabolism of the patient's own muscle mass.
- BMR
- **BMI** attached to BMI is a table entitled "Classification of Overweight and Obese by BMI, Waist Circumference and Associated Disease Risks." This is the information from which the Class of Obesity and the Disease Risk of obesity is determined below.

These vital signs and body composition measurements are automatically posted from the Master GP Nursing Template



Beneath the BMI, the **Class of Obesity or Overweight** will appear automatically. This is calculated on the basis of the algorithm which is displayed when you click on the BMI link.

Weight Management	Patient Greg Test	3		Navigation • VVM C General
Cardiovascular	Intenumentary	Height 63	.00 in	Home
V Hypertension	Striae Distensae (Stretch Marks)	vVeight 10	0.00 lbs	Physician Role
Congestive Heart Failure	Status Pigmentation of Legs	Waist 50	1.00 in	Evaluation
Varicose Veins	Celluitis	Neck 16	1.0 in	Readiness
Coronary Artery Disease	Acanthosis Nigricans, Skin Tags	Blood Pressure		Diet Management
Endocrine	Musculoskeletal	Risk Ratio 8	3	Physical Activity
Type II Diabetes	[Immobility	Body Fat 30	%	Medication
Dyslipidemia	Low Back Pain	Protein Reg 54	g/day	Surgery
Gastrointestinal	Neurologic Stroke	BMR 35 BM 35 Moderately	cal/day	Follow Up Document
Gastroesophageal Reflux Disease (GERD) Non-Alcoholic Fatty Liver	Meralgia Paresthetica	Disease Risk Lo	evel Calc	Information (Auto Print)
Cholelithiasis	Psychological			Obesity and Health Risks
Colon Cancer	Body Image Disturbance	Assessment	Calc	VM Definitions
Genitourinary	Social Stigmatization			Body Composition
Urinary Stress Incontinence	Respiratory Dyspea	Treatment	Calc	Health and Hope
Obesity-Related Glomerulopathy Hypogopadism (male)	Obstructive Sleep Apnea			Childhood Nutrition
i information (inde)	Hypoventilation Syndrome			Medicine, Myths, and Magic
	Asthma			Principles of Weight Loss
		Print Ass	essment	

The following three buttons launch computations based on the above collected data. The computations are initiated by clicking on the "**Calc**," which stands for "calculate," button beside each of the three boxes:

- Disease Risk Level Calc This is determined from the algorithm which is attached to BMI above.
- Assessment Calc This is determined based on the BMI.
- **Treatment Calc** This is determined based on both the BMI and the Disease Risk Level.

Edit Program Bisk Factors	Patient Greg Test	»]		Navigation • WM • General
Cardiovascular	Integumentary	Height 63.00	in	Home
V Hypertension	Striae Distensae (Stretch Marks)	vVeight 100.00	lbs	Physician Role
Congestive Heart Failure	Status Pigmentation of Legs	vVaist 50.00	in	Evaluation
Varicose Veins	Celluitis	Hips 60.00	_ in _ in	Readiness
Coronary Artery Disease	Acanthosis Nigricans, Skin Tags	Blood Pressure	_	Diet Management
Endocrine	Musculoskeletal	Risk Ratio 83	-	Physical Activity
Type II Diabetes		Body Fet 30	%	Medication
Dyslipidemia	Low Back Pain	Protein Reg 54	g/day	Surgery
	Neurologic Stroke	BMR 35.14	_ cauday	Follow Up
Gastrointestinal	Idiopathic Intracranial Hypertension	Moderately Obe	se - Class	Document
Non-Alcoholic Fatty Liver	Meralgia Paresthetica	Disease Risk Level	Calc	Information (Auto-Print)
Choleithiasis	Depression/Low Self Esteem	Accesement	Calc	Obesity and Health Risks
Colon Cancer	Body Image Disturbance	haddaanicht		VM Definitions
Genitourinary	I Social Stigmatization			Body Composition
Urinary Stress Incontinence	Dyspnea	Treatment	Calc	Health and Hope
Hypogonadism (male)	C Obstructive Sleep Apnea			Childhood Nutrition
() () () () () () () () () ()	Hypoventilation Syndrome			Medicine, Myths, and Magic
	Asthma			Principles of Weight Loss

Print Assessment – this button launches the creation of the **Weight Management Assessment**. This is the one-page summary which is given to patients through SETMA's LESS Initiative. It contains the following information:

- Identification Information
- BMI, Body Fat Percent and Waist Size
- Class of Obesity and Disease Risk Assessment
- An explanation of BMR and how it can be changed.
- The benefit the patient would receive from a 5 10% weight decrease and what that would translate into in pounds lost.
- The amount of weight loss required for weight to cease to be a health hazard.

Edit Program Bisk Factors	Age Sex M]		Navigation • VVM C General
Cardiovascular	Integumentary	Height 63.00	in	Home
V Hypertension	Striae Distensae (Stretch Marks)	vVeight 100.00	lbs	Physician Role
Congestive Heart Failure	Status Pigmentation of Legs	vvaist 50.00	in	Evaluation
Varicose Veios	Celuitis	Hips 60.00	in	LIGHOLDOTT
Pulmonary Embolism	Intertrigo, Carbuncles	Neck 16.0	in	Readiness
Coronary Artery Disease	Acanthosis Nigricans, Skin Tags	Blood Pressure	_	Diet Management
Endocrine	Musculoskeletal	Dist. Date 22	-	Physical Activity
Metabolic Syndrome Type II Diabetes	I hyperunicemia and Gout	Body Fat 30	- %	Medication
T Dystipidemia	C Osteoarthritis (Knees, Hips)	Protein Reg 54	g/day	Surgery
	Neurologic	BMR 35.14	cal/day	Follow Up
Gastrointestinal Gastroesophageal Reflux Disease (GERD)	Idiopathic Intracranial Hypertension	Moderately Ob	ese - Class II	Document
Non-Alcoholic Fatty Liver	Meralgia Paresthetica	Disease Risk Level	Calc	Information (Auto-Print)
Choleithiasis	Depressional ow Self Esteern	Accessment	Calo	Obesity and Health Risks
Colon Cancer	Body Image Disturbance	Assessment	Caic	VM Definitions
Genitourinary	Social Stigmatization		3	Body Composition
Urinary Stress Incontinence	Respiratory	Treatment	Calc	Health and Hope
Obesity-Related Glomerulopathy	Constructive Sleep Aprea			Childhood Nutrition
1 Hypogonadism (male)	Hypoventilation Syndrome		1	Medicine, Myths, and Magic
	Pickwickian Syndrome			Principles of Weight Loss

Column 4 –

Navigation – the set of templates which are displayed will depend upon which radial button is checked. (See above)

- Weight Management Specific Templates WM
- Master GP Templates General

Information (auto-pint) – this is patient education materials which auto prints when you access them.

- Obesity and Health Risks
- WM Definitions
- Body Composition
- Health and Hope
- Childhood Nutrition
- Medicine, Myths, and Magic
- Principles of Weight Loss

Physician Role Template

This is a quality assessment tool which collects information automatically from the patient encounter. This is a kind of "report card," where a healthcare provider who is dealing with a patient about weight reduction can determine if he/she is covering the materials determined by experts to be required for effectiveness. That information is:

diovascular	Integumentary	Height 63.00	in	Home
Hypertension	Striae Distensae (Stretch Marks)	vVeight 100.00	lbs	Physician Role
Congestive Heart Failure	 Status Pigmentation of Legs 	vVaist 50.00	in vi	Evaluation
n win Doctorrole			<u>م</u>	Readiness
Physici	an's Role in Weight Mana	gement		Diet Macagement
Take Baseline Measurements				Checking of the state
Vieight				Physical Activity
Height				Medication
IV BMI ↓ Waist Circumference				Surgery
Blood Pressure				Follow Up
Serum Lipids				Document
Alert patients to the risk of inap	propriate weight gain and the possible bene	fits of weight loss. At a min	mum, t	formation (Auto-Print)
advise patients to prevent furth	er weight gain and advocate lifestyles that v	will promote a healthier weig	pht.	besity and Health Risks
Assess current physical activity	¥-			VVM Definitions
Assess current eating habits.				Body Composition
Assess readiness to make long	term lifestyle changes.			Health and Hope
				Childhood Nutrition
I Recommend treatment approact ongoing support and encourage	nes for specific patients, targeting realistic g whent.	joals and providing		dicine, Myths, and Magic
C gide nations toward a weight	management program that will become part	of their evenuelau life	6	rinciples of Weight Loss
	management program and the become part	or most everyouty me.		
I Encourage all patients to strive	to maintain a lower body weight over the lor	ng term.		
Recognize behavioral and envir	onmental factors as major determinants of o	werweight and obesity.		
Identify other health profession including registered dieticians, t	als in the community who are critical to the to pariatric surgeons, and mental health profes	reatment of adults who are sionals.	obese,	

Evaluation Template

This template's full title is Laboratory and Diagnostic Evaluation of the Obese patient: Based on Presentation of Symptoms, Risk Factors and Index of Suspicion.

Edit Program Risk Factors	Patient Age	Greg Sex	Test Jr M			6.1	Navigation
Cardiovascular	Integumentary			Height	63.00	in	Home
Hypertension	Striae Dister	nsae (Stretch Mar	ks)	vVeight	100.00	lbs	Physician Role
Congestive Heart Failure	Status Pigme Lymphedem	entation of Legs a		vVaist	50.00	in	Evaluation
Varicose Veins	Celluitis	whencies		Hips Neck	16.0	in in	Readiness
Coronary Artery Disease	Acanthosis I	Nigricans, Skin Ta	gs	Blood Press	sure		Diet Management
Endocrine	Musculoskeleta	l sia and Gout		Risk Ratio	83		Physical Activity
Type II Diabetes	Immobility			Body Fat	30	%	Medication
Dyslipidemia	Low Back P	s (Knees, Hips) ain		Protein Req	54	giday	Surgery
	Neurologic			BMI	35.14	cal/day	Follow Up
Gastrointestinal Gastroesophageal Reflux Disease (GERD)	I stroke	racranial Hyperte	nsion	Modera	tely Obes	e - Class II	Document
Non-Alcoholic Fatty Liver	Meralgia Par	esthetica		Disease Ris	k Level	Calc	Information (Auto-Print)
I Choleithiasis	Depression	Low Self Esteem		Assessmer	nt	Calc	Obesity and Health Risks
Colon Cancer	Body Image	Disturbance					VM Definitions
Genitourinary	Social Stigm	atization					Body Composition
Urinary Stress Incontinence	Dyspnea			Treatment		Calc	Health and Hope
Obesity-Related Glomerulopathy Hypotopatism (male)	C Obstructive	Sleep Apnea					Childhood Nutrition
r nypogonausm (maie)	Hypoventilat	ion Syndrome					Medicine, Myths, and Magic
	Asthma	Syndrome					Principles of Weight Loss
				Print	Assessme	nt	

At the top of the template is a button entitled **Medications Causing Fat Gain**. When depressed, this button displays a list of medications in 6 categories which are associated with body fat weight gain. This list should be reviewed with each patient seeking weight management and who is taking other medications.

Medications Causing Fat Gain	Pusician Role
Ym Fatexdruos	× Pysician rule
	Readiness
Medications Associated with Body Fat Weight Gain	Diet Manageme
	Physical Activi
Psychiatric/Neurological	Medication
(phenothiazine, olazapine, clozapine, risperidone)	Surgery
Mood Stabilizers (Ithium)	Follow Up
(tricyclics, monoamine, oxidase inhibitors, selective serotonin reuptake inhibitors, mirtazapine) Antiepleptics	formation (Aut
(gabapentin, valproate sodium, carbamazepine)	mprehensive Her
Steroid Hormones	mprehensive Hea
Corticosteroids Propestational Steroids	mprehensive Hea
Anti-Diabetes Agents Insulin Sulfonylureas Thiazolidinediones Anti-Hypertensive Agents	tiprenensive hea
Antihistamines	
HIV Protiease Inhibitors	

In the right hand column, there are 10 conditions which are common and which are associated with pathophysiology and/or medications which contribute to weight gain.



Each of these 10 conditions are also links to information about how to treat the condition. The links on Diabetes, Metabolic Syndrome and Hypertension, take you to the disease management suites associated with those conditions.

Next to the above list of 10 conditions, is a list of **Actions**, **Laboratory** and **Procedures**, which are required in order to evaluate each of these 10 conditions.



When one of the 10 conditions is marked in the box beside it, the Actions, Laboratory or and/or Procedures required to evaluate the presence of this condition will be automatically selected.



These tests can then be ordered on the charge posting template in the Master GP suite of templates.

In the right hand column of the **Evaluation Template**, there are:

- Navigation Buttons
- Patient Education Material entitled: Comprehensive Health Plan I-IV.

Readiness Template

This template's full title is **Patient Readiness for Weight Management**. This template is important in the patient evaluation for weight management, as it allows the provider to determine where the patient is in the process of change. The intervention recommendations can prompt a healthcare provider to make recommendations and/or to provide information which can move the patient along on the behavior-change continuum to a successful decision to initiate change.

The template is organized into four columns.

Column 1 –

- What is hard about managing your weight? -- This is a list of 9 questions with a comment box.
- How does overweight affect you? This is a list of 6 questions with a comment box



Column 2 –

- What can't you do now that you would like to do if you weighted less? -- this is a list of 6 questions with a comment box.
- What would you like to get out of this visit regarding your weight? This is a list of 5 options with a comment box.



Column 3 – This is a series of 5 pop-ups entitled:

• Attributes of Change – this identifies 6 attributes of patients ready to change their behavior in order to control their weight. There are boxes available for documenting your review of each of these.

t is hard a	bout managing your weight? Wha	t can't you do now that you would like		Navigation	2
No will	power to d	o if you weighed less?	Attributes of Change	VM Master	
No exer	ays been overweight	Go bowling	Readiness Checklist	Physician Role	
Schedu	le too busy	Play golf	Health Belief Model	Evaluation	
I don't li	as the time ke vegetables	Play with my grandchildren		Diet Management	
I'm a me	at and potatoes person	Get into my old clothes	W. Loss Ques	Physical Activity	
- I like be	er Co		Transtheoretical Model	Medication	
ments				Surgery	
	Om Wm Attributes		×	Follow Up	
i feel i iments	A minimum of obstacles to chan The requisite skills and self-con Positive feelings about change of The perception that planned cha Encouragement and support to o	ige fidence to make a change and the belief that it will result in meaningful b anges are congruent with self-image and soc change from valued persons	enefit ial group norms		

• **Patient Readiness Checklist** – this is a lengthy checklist for the patient to complete relative to prior efforts to lose weight and present desire to do so. This form can be given to the patient to fill out and the results then can be entered into the computer.



Patient Rea	
Last Updated/Rev	viewed 11/30/2009
How important is it that you lose weight at this time? Not Not Very Somewhat Very Important Imperative	Print Form
Have you tried to lose weight before?	
Vihat factors led to your success? Encouragement from others Determination Goal - event with old friends, etc. Comments	Partial Sample
What has made weight loss difficult? Travel Hunger Holidays Cost of care Weekends Peer Pressure Parties Family Comments	
I Is your decision to lose weight your own or for som Mine My wife My husband My parents My prients My friends	meone else's?
Is your family supportive?	
Who, if anyone, is supportive of your decision to be	egin a weight loss program?

• Health Belief Model --- these are four aspects of this model of behavioral change.

t is hard about managing your weight?	What can't you do now that you would like			Navigation	e.
No will power	to do if you weighed less?	Attributes of Change	2	WM Master	
Ive always been overweight No exercise	Ride a bike Go bowling	Readiness Checklist	2	Physician Role	
Schedule too busy	Play golf	Lineth Delet Medel		Evaluation	7
Hungry all the time	Go for walks	Health Belief Model		Diet Management	1
Im a meat and potatoes person	Get into my old clothes	Wt. Loss Ques		Physical Activity	
I'm addicted to sugar Iike beer	Comments	Transtheoretical Model		Medication	
internets				Surgery	
	What would you like to get out of this visit			Follow Up	
v does being overweight affect you?	regarding your weight?				▲:: 2005
Limits exercise	C Accountability		h	nformation (Auto-P	rint
Dm Wm Hitbelief		x	1 -	Health Belief Mode	3
	Health Relief Model		-	Transtheoretical Mo	del
	Health Belief Model		=	Transtheoretical Mo	del
The Health Belief Model posits that h vulnerability to illness and of their po by whether people: Perceive themselves to be sus Believe the problem is serious Believe that treatment/prevention	Health Belief Model reath behavior is a function of people's perceptions erceived effectiveness of treatment. Behavior chang ceptible to a particular health problem	regarding their ge is determined ey, effort, or pain		Transtheoretical Mo	del
The Health Belief Model posits that is vulnerability to illness and of their puby by whether people: Perceive themselves to be sust Believe the problem is serious Believe that treatment/prevention Are exposed to a cue to take he	Health Belief Model meath behavior is a function of people's perceptions proceived effectiveness of treatment. Behavior chang ceptible to a particular health problem in is effective and not overly costly in regard to mon ealth action	regarding their ge is determined ey, effort, or pain		Transtheoretical Mo	del
The Health Belief Model posits that it vulnerability to illness and of their pu by whether people: Perceive themselves to be sust Believe the problem is serious Believe that treatment/preventio Are exposed to a cue to take h	Health Belief Model weath behavior is a function of people's perceptions proceived effectiveness of treatment. Behavior chang ceptible to a particular health problem in is effective and not overly costly in regard to mon ealth action	regarding their ge is determined ey, effort, or pain		Transtheoretical Mo	del
The Health Belief Model posits that is vulnerability to illness and of their po by whether people. Perceive themselves to be susc Believe the problem is serious Believe that treatment/prevention Are exposed to a cue to take h	Health Belief Model weath behavior is a function of people's perceptions erceived effectiveness of treatment. Behavior chang ceptible to a particular health problem in is effective and not overly costly in regard to mon eath action	regarding their je is determined ey, effort, or pain		Transtheoretical Mo	del
o The Health Belief Model posits that i vulnerability to illness and of their po by whether people: Perceive themselves to be susc Believe the problem is serious Believe that treatment/prevention Are exposed to a cue to take h	Health Belief Model meath behavior is a function of people's perceptions erceived effectiveness of treatment. Behavior chang ceptible to a particular health problem in is effective and not overly costly in regard to mon eath action OK Cancel	regarding their je is determined ey, effort, or pain		Transtheoretical Mo	del

• Weight Loss Questionnaire – this is a lengthy questionnaire which can be printed and given to the patient for completion and then the results can be entered into the computer.



Weight Loss Last Updated/Review	Questionnaire			Return
1. Is there a reson you are seeking treatment at this time?	10. What has been your lowest an	d highest body	weight as an adult?-	Print Form
	Lowest	Highest		
2. What are your goals about weight control and management?	11. At what age did you start trying	to lose weigh	17	
	12. Please check all previous progr to lose weight. Indicate dates and	ams that you h length of partic	ave tried in order ipation.	
3. Your level of interest in losing weight is:		Date	Duration (months)	Weight Lost
C1C2C3C4C5	Weight Watchers	11		
Not Interested Very Interested	Overeaters Anonymous	11		
4. Are you ready for lifestyle changes to be a part of your	Liquid Diets	11		
weight control program?	Diet Pills (Meridia, Xenical)	11		
C 1 C 2 C 3 C 4 C 5 Not Ready	Diet Pills (phen-fen, redux)	11		
in nasy	Nutrisystem/Jenny Craig	11		
5. How much support can your family provide?	T OTC Diet Pills	11		
C1C2C3C4C5	Registered Dietician	11		
No Support Much Support	C Obesity Surgery	11		
6. How much support can your friends provide?				
C1 C2 C3 C4C5	13. Have you maintained any weigt any of these programs?	t loss for up to	1 year at	
No Support Much Support	ΓYes Γ	No		
7. What is the hardest part about managing your weight?	14. What did you learn from these p weight?	programs regar	ding your	
8. What do you believe will be the most helpful in helping you to lose weight?				
	15. What did not work about these	programs?	_	
9. As best you can recall, what was your body weight at each of the following time points?	1 16. Have you ever been involved in to help with weight?	physical activ	ty programs	
Grade School Age 30-39	T Yes T	No		

• **Transtheoretical Model Stages of Change** – this is an electronic version of the well known "stages of change" based on patient characteristics and the appropriate interventions, and the patient's verbal cues and the appropriate interventions. There is a button on this pop-up which gives the details of the Transtheoretical Model Stages of Change for the provider to review.





Column 4 –

Navigation Buttons

Three printable documents on the change-of-behavior models used on this template:

- Health Belief Model
- Social Learning Theory
- Transtheoretical Model

These documents auto print when accessed.



Diet Management Template

This template is organized in three columns:

Column 1 –

• Eating Pattern Questionnaire – this is to be given to the patient to complete and then in-putted to the EMR.



Eating Pattern Questionnaire	
Diet Recommendations	I
Food and Exercise Diary	1

Teaching given on

Г	Definitions of BMI, BMR, Body Fat, etc.
Г	Carbohydrates
Г	Insulin
E	Glycemic Level
Г	Glycemic Load
Г	Hunger, Triggers to
Г	Hunger, Between Meals
Г	Cholecystekinin and Fat
Г	Foods to Eliminate from Pantry - Shopping for wieght loss
Г	Hope, Health, and Success in Weight Loss
Г	How to Change Your BMR
Г	Calories and Weight Loss
Г	Planning a Weight Loss Diet

Information (Auto-Print)
A Nutritional Primer
A Nutritional Primer II
A Nutritional Primer II
Calorie Content of Foods
Approach to Calorie Reduction
Food Weight Loss Tips
Serving Sizes
Meal Replacements
Foods to Remove
Glycernic Index
Importance of Glycemic Index
Applying Glycemic Index
Glycemic Load
Insulin
Insulin - Friend or Foe
Hyperinsulinemia
Hunger, Insulin, and Meals
Hunger - Fats and Fav Foods
Food and Health
Diet Recommendations
What is a Carbohydrate?
Eicosanoid Production
Omega 3 Fatty Acids



Eating	Pattern Questionnaire
	6. How many times per day do you have the following items? Times per day Starch (Bread, bagel, roll, cereal, pasta, rice, noodles, potatoes) Fruit Vegetables Dairy (Mik, yogurt) Meat (Fish, poultry, eggs, cheese) Fat (Butter, margarine, mayonnaise, oil, salad dressing, sour cream, cream cheese) Sweets (Candy, cake, regular soda, juice) 7. What beverages do you drink daily and how much? Times or 8 ounce glasses per day Veater Coffee Tea Soda Alcohol
Other	Other 1
Baked Fried Boiled Poached Broiled Steamed Other	Vhat habits would you like to begin to change?

• **Diet Recommendations** – These are recommendations for a well-balanced diet. These are auto checked and appear automatically on the Weight Management follow-up note

Entry Dathan Organization	Information (Auto-Print)	Navigation	
Eating Pattern Questionnaire	A Nutritional Primer	VVM Master	
Diet Recommendations	A Nutritional Primer II	Physician Role	
Food and Everyline Disru	A Nutritional Primer II	Evaluation	
Podd and Exercise Diary	Calorie Content of Foods Approach to Calorie Reduction	Readiness	7
ing given on	Food Weight Loss Tips	Physical Activity	
Definitions of BMI, BMR, Body Fat, etc.	Consisten Citaton	Medication	
help balance your diet.	good balance between the units entrood groups. It	biow diese recommendator	15 10
Eat at least five to pipe convince of fruit a	nd usastables ner deu		
Eat at least five to nine servings of fruit a Eat 25.30 grams of fiber per day (from fr	ind vegetables per day.	araale)	
Eat at least five to nine servings of fruit a Eat 25-30 grams of fiber per day (from fr Choose whole grain instead of refined p	ind vegetables per day. uits, vegetables, beans, whole grain breads, pastas, and c rocessed carbohydrates	ereals).	
 Eat at least five to nine servings of fruit a Eat 25-30 grams of fiber per day (from fr Choose whole grain instead of refined, p Drink at least 64 ounces of water each d 	ind vegetables per day. uits, vegetables, beans, whole grain breads, pastas, and c rocessed carbohydrates. lay.	ereals).	
 ✓ Eat at least five to nine servings of fruit a ✓ Eat 25-30 grams of fiber per day (from fr ✓ Choose whole grain instead of refined, p ✓ Drink at least 64 ounces of water each d ✓ Eat at least two servings of low-fat dairy 	nd vegetables per day. uits, vegetables, beans, whole grain breads, pastas, and c rocessed carbohydrates. lay. / each day (low-fat milk, cheese, etc.)	ereals).	
 ✓ Eat at least five to nine servings of fruit a ✓ Eat 25-30 grams of fiber per day (from fr ✓ Choose whole grain instead of refined, p ✓ Drink at least 64 ounces of water each d ✓ Eat at least two servings of low-fat dairy ✓ Choose more low-fat sources of protein 	ind vegetables per day. uits, vegetables, beans, whole grain breads, pastas, and ci rocessed carbohydrates. lay. reach day (low-fat milk, cheese, etc.) (such as skinless chicken, turkey, or soy products) while c	ereals). hoosing leaner cuts of beef and	pork.
 ✓ Eat at least five to nine servings of fruit a ✓ Eat 25-30 grams of fiber per day (from fr ✓ Choose whole grain instead of refined, p ✓ Drink at least 64 ounces of water each d ✓ Eat at least two servings of low-fat dairy ✓ Choose more low-fat sources of protein ✓ Eat fish at least two times per week. 	ind vegetables per day. uits, vegetables, beans, whole grain breads, pastas, and c rocessed carbohydrates. lay. each day (low-fat milk, cheese, etc.) (such as skinless chicken, turkey, or soy products) while c	ereals). hoosing leaner cuts of beef and	pork.
 Eat at least five to nine servings of fruit a Eat 25-30 grams of fiber per day (from fr Choose whole grain instead of refined, p Drink at least 64 ounces of water each d Eat at least two servings of low-fat dairy Choose more low-fat sources of protein Eat fish at least two times per week. Limit sodium intake to 2,400 milligrams per 	ind vegetables per day. uits, vegetables, beans, whole grain breads, pastas, and ci rocessed carbohydrates. lay. r each day (low-fat milk, cheese, etc.) (such as skinless chicken, turkey, or soy products) while c r day or less.	ereals). hoosing leaner cuts of beef and	pork.
 Eat at least five to nine servings of fruit a Eat 25-30 grams of fiber per day (from fr Choose whole grain instead of refined, p Drink at least 64 ounces of water each d Eat at least two servings of low-fat dairy Choose more low-fat sources of protein Eat fish at least two times per week. Limit sodium intake to 2,400 milligrams per Eat range fed beef and chicken when av 	nd vegetables per day. uits, vegetables, beans, whole grain breads, pastas, and co rocessed carbohydrates. lay. r each day (low-fat milk, cheese, etc.) (such as skinless chicken, turkey, or soy products) while c r day or less. allable.	ereals). hoosing leaner cuts of beef and	pork.
 Eat at least five to nine servings of fruit a Eat 25-30 grams of fiber per day (from fr Choose whole grain instead of refined, p Drink at least 64 ounces of water each d Eat at least two servings of low-fat dairy Choose more low-fat sources of protein Eat fish at least two times per week. Limit sodium intake to 2,400 milligrams per Eat range fed beef and chicken when av Eat Butfalo meat when possible. 	nd vegetables per day. uits, vegetables, beans, whole grain breads, pastas, and c rocessed carbohydrates. lay. r each day (low-fat milk, cheese, etc.) (such as skinless chicken, turkey, or soy products) while c r day or less. allable.	ereals). hoosing leaner cuts of beef and	pork.

• Food and Exercise Diary – this is a format for a self-guided food and exercise diary.



Eating Pattern Questionnaire
Diet Recommendations
Food and Exercise Diary

Teaching given on

- Definitions of BMI, BMR, Body Fat, etc.
- Carbohydrates
- Insuin
- Glycemic Level
- Glycemic Load
- Hunger, Triggers to
- Hunger, Between Meals Cholecystekinin and Fat
- Foods to Eliminate from Pantry Shopping for wieght loss F Hope, Health, and Success in Weight Loss
- How to Change Your BMR
- Finning a Weight Loss Diet
- Calories and Weight Loss





	Foo	d and Exe	rcise Dia	ary	Return
Breakfast	Foods Eaten	Colories Fot (g) Carbs (g)	Protein (g)	Exercise (Activities)
Snack					Duration minutes
Lunch					Distance miles
Snack					Overeating Loverate because
Dinner					☐ Iwas sad ☐ Iwas angry ☐ Iwas depressed
Snack					I was lonely I was bored I ate while watching TV
Comments	Total	Number of 8 ounce glasses of water consume	of		Other

Beneath these three pop-ups are check boxes for the documentation of teaching on a number of subjects. In the next column, there are teaching aides which when given to the patient will automatically document that the patient has been given that education material. The teaching points are:

- Definitions of BMI, BMR, Body Fat
- Carbohydrates
- Insulin
- Glycemic Level
- Glycemic Load
- Hunger, Triggers to
- Hunger, Between Meals
- Cholecystekinin and Fat
- Foods to Eliminate from Pantry Shopping for weight Loss
- How to change your BMR
- Calories and weight loss
- Planning a Weight Loss Diet



Column 2 –

The following documents are automatically printed when accessed and the fact that you have given his to the patient and reviewed it with them is documented on the "**Teaching given on**" list above, and on the weight management document and follow-up note.

- A nutritional Primer parts I, II, III
- Approach to Calorie Reduction
- Food Weight Loss Tips
- Serving Sizes
- Meal Replacements
- Foods to Remove
- Importance of Glycemic Index
- Applying Glycemic Index
- Glycemic Load
- Insulin Friend or Foe
- Hyperinsulinemia
- Hunger, Insulin and Meals
- Hunger Fats and Favorite Foods
- Diet Recommendations

- What is a carbohydrate?
- Eicosanoid Production
- Omega 3 Fatty Acids





Column 3 –

Navigation Buttons



Physical Activity Template

Column 1

- What is Physical Activity? -- this button launches a document which states in part, "Physical activity can take place in a variety of occupational, household, and leisure-time situations. It is beneficial for weight management and when performed at a moderate intensity it is associated with other significant health-related benefits."
- Exercise Template this is a link to the Exercise Prescription. For details on how to use this template, see the <u>Exercise Prescription</u> tutor. If the patient has diabetes, the Diabetes Exercise template would be more appropriate for their use. For details on how to use this template, see the <u>Diabetes Exercise</u> tutor. If the patient has CHF, the CHF Exercise Template would be more appropriate. For details on how to use this template, see the <u>CHF Exercise</u> tutor.
- **Physical Activity Quiz** this launches a **Physical Activity Questionnaire** which can be printed and given to the patient for completion. The information can then be entered into the EMR.
- Monitoring Recommendations this launches a pop-up which has three recommendations with details on each; they are: Encourage your patient to maintain a

physical activity calendar; Recommend the use of a step counter; Encourage your patient to monitor the intensity of their exercise.

• **Barriers to Physical Activity** – this allows you to document the reasons from most significant to least significant, as to why the patient does not consistently exercise.



Column 2

The following educational documents are available for printing and giving to the patient:

- Physical Activity for health
- Activity for weight loss
- Exercise for life
- Activity Recommendations
- Exercise Testing indications
- Benefits of physical Activity
- Exercise Getting Stated I, II, III
- Couch Potato
- Fitness and Fat
- Self-monitoring of activity



Column 3 –

Navigation



Medication Template

The full title of this template is: **Medication Management of Weight Loss**, which is organized into three columns



Column 1 is a list of check boxes which allow you to determine:

The should be considered for medication therapy? Print	Physician Info (Auto-Print)	Navigation	í.
Obese patients with a BMI greater than or equal to 30.	Weight Loss Meds	vww.indister	1
Overweight patients with a BMI greater than or equal to	Guide to Meds	Physician Role	
27 and obesity-related risk factors or diseases such as	Sibutramine	Evaluation	Ľ
nypertension, diabetes, or dysipidemia.	Variation and Vitamina	Readiness	V
owever, the BMI threshold is one part of the criteria for medication extment. For natients who meet the BMI criteria, nharmacology	Venical and Outleanerine	Diet Management	7
hould be considered only if they:	Disactermine	Physical Activity	7
Will be taking the medication in conjunction with an overall		Cimment	
weight management program, including a reduced calorie	Patient Info (Auto-Print)	Surgery	
diet and increased physical activity.	Sibutramine	Follow Up	
Prove realistic expectations of medication therapy.	Oriste		
I bo not have other medications or take other medications that are a contraindiction for obesity drugs.	Phentermine		
	Medications		
When should medication therapy be considered? Print	Sibutramine mg		
When patients are unable to achieve weight loss despite	Orlistat mg		
their best use of lifestive approaches to diet, physical activity, and behavioral changes.	Phentermine mg		
When patient weight plateaus before goal weight is attained.	Double-Click to Add Meds		
In this case, medication may potentiate weight loss by	Brand Name		
augmenting satiety/reducing nunger signals or reducing fat absorption.			
dividu piturt.			

Column 2 –

Physician Information (auto-printed) – these are documents and/or tables which give information about weight loss medications and their appropriate use.

ho should be considered for medication theram? Driet	Physician Info (Auto-Print)	Navigation	
	Weight Loss Meds	VVM Master	
✓ Obese patients with a BMI greater than or equal to 30.	Guide to Meds	Physician Role	
Overweight patients with a BMI greater than or equal to 27 and obesity-related risk factors or diseases such as	Sibutramine	Evaluation	7
hypertension, diabetes, or dyslipidemia.	Oriistat	Readiness	V
wever, the BMI threshold is one part of the criteria for medication	Xenical and Vitamins	Diel Management	V
atment. For patients who meet the BMI criteria, pharmacology	Xenical and Cyclosporine	Lifet management	17
	Phentermine	Physical Activity	1
weight management program, including a reduced calorie	Patient Info (Auto-Print)	Surgery	
diet and increased physical activity.	Sibutramine	Follow Up	
Have realistic expectations of medication therapy.	Orlistat		
Do not have other medications or take other medications	Phentermine		
that are a contraindiction for obesity drugs.	, Medications		
hen should medication therapy be considered? Print	Sibutramine mg		
When patients are unable to achieve weight loss despite	Confistat mg		
their best use of lifestlye approaches to diet, physical activity, and behavioral changes	Phentermine mg		
When patient weight plateaus before goal weight is attained	Double-Click to Add Meds		
In this case, medication may potentiate weight loss by	Brand Name		
augmenting satiety/reducing hunger signals or reducing fat absorption			
discon provin.			

Patient information (auto-printed) – when a drug has been ordered per the function below this one, the accessing of the same medication in the patient information function, creates a document which includes the name of the medication, the dosage and instructions for use.

ho should be considered for medication therapy? Drive	Physician Info (Auto-Print)	Navigation
	Weight Loss Meds	VVM Master
Obese patients with a BMI greater than or equal to 30.	Guide to Meds	Physician Role
I Overweight patients with a BMI greater than or equal to 27 and obesity-related risk factors or diseases such as	Sibutramine	Evaluation
hypertension, diabetes, or dyslipidemia.	Orlistat	Readiness
wever, the BMI threshold is one part of the criteria for medication	Xenical and Vitamins	Dist Macananat
atment. For patients who meet the BMI criteria, pharmacology	Kenical and Cyclosporine	Diet management
	Phentermine	Physical Activity
Vill be taking the medication in conjunction with an overall weight management program, including a reduced calorie	Patient Info (Auto-Print)	Surgery
diet and increased physical activity.	Sibutramine	Follow Up
Have realistic expectations of medication therapy.	Orlistat	
Do not have other medications or take other medications	Phentermine	
that are a contraindiction for obesity drugs.	Medications	
hen should medication therapy be considered? Print	🗆 Sibutramine 📃 mg	_
When patients are unable to achieve weight loss despite	Conlistat mg	
their best use of lifestlye approaches to diet, physical activity, and behavioral changes	F Phentermine mg	
When patient weight plateaus before goal weight is attained.	Bouble-Click to Add Meds	
In this case, medication may potentiate weight loss by	Brand Name	
augmenting satiety/reducing hunger signals or reducing fat absorption.		

Medications – this is a function which allows you to indicate the name and dosage of the weight management drug you intend to use.

- Sibutramine
- Orlistat
- Phentermine

Who should be considered for medication therapy? Print [Physician Info (Auto-Print)	Navigation	
	Weight Loss Meds	VVM Master	
Obese patients with a BMI greater than or equal to 30.	Guide to Meds	Physician Role	
Iv Overweight patients with a BMI greater than or equal to 27 and obesity-related risk factors or diseases such as	Sibutramine	Evaluation	V
hypertension, diabetes, or dyslipidemia.	Orlistat	Readiness	2
lowever, the BMI threshold is one part of the criteria for medication	Xenical and Vitamins		
eatment. For patients who meet the BMI criteria, pharmacology	Xenical and Cyclosporine	Diet Management	-
hould be considered only if they:	Phentermine	Physical Activity	
Will be taking the medication in conjunction with an overall weight management program, including a reduced calorie	Patient Info (Auto-Print)	Surgery	
diet and increased physical activity.	Sibutramine	Follow Up	
Have realistic expectations of medication therapy.	Orlistat	-	
Do not have other medications or take other medications	Phentermine		
that are a contraindiction for obesity drugs.	Medications	_	
then should medication therapy be considered? Dist	Sibutramine mg	_	
When patients are unable to achieve weight loss despite	C Orlistat mg	_	
their best use of lifestlye approaches to diet, physical activity, and behavioral changes	Phentermine mg	_	
When national weight plateaus before anal weight is attained	Double-Click to Add Meds		
In this case, medication may potentiate weight loss by augmenting satiety/reducing hunger signals or reducing fat	Brand Name		
absorption.			

When the box beside Sibutramine is clicked, indicating that you intend to order this medication, the following pop-up appears:

m Sibutramine	Physician Info (Auto-Print)	Navigation	
	Weight Loss Meds	VVM Master	
Contraindications for Sibutramine	Guide to Meds	Physician Role	
Review the following contraindications for this patient.	Sibutramine	Evaluation	7
Cardiovascular	Orlistat	Readiness	7
	Xenical and Vitamins	Pick Management	
Congestive Heart Failure	Xenical and Cyclosporine	Diet Management	
Coronary Artery Disease	Phentermine	Physical Activity	~
Oncontrolled Hypertension	Patient Info (Auto-Print)	Surgery	
Gastroenterology	Sibutramine	Follow Up	
Meurological	Orlistat		
	Phentermine		
C Strake	Medications		
Penal	Sibutramine mg		
Severe Renal Impairment	Orlistat mg		
Medications	F Phentermine mg		
	Double-Click to Add Meds		
MAOI Treatment	Brand Name		
SSRI Treatment			
Sibutramine is NOT an acceptable drug for this patient.			

If any of these are NOT checked, the note appears at the bottom which states in green, "Sibutramine is an acceptable drug for this patient."

Dm Wm Sibutramine

Cardi	ovascular
Г	Arrhythmias
V	Congestive Heart Failure
Г	Coronary Artery Disease
F	Uncontrolled Hypertension
Gastr	oenterology
Г	Hepatic Dysfunction
Neuro	ological
Г	Seizures
Г	Stroke
Rena	L. C.
Г	Severe Renal Impairment
Medi	cations
Г	Phentermine
Г	MAOI Treatment
Г	SSRI Treatment
Sib	utramine is NOT an acceptable drug for this patient.

If any of these are checked, the note appears at the bottom which states in red, "Sibutramine is NOT an acceptable drug for this patient."

When the box beside Orlistat is clicked indicating that you intend to order this drug, the following pop-up appears:

×

no e	hould be considered for medication therapy? Duty [Physician Info (Auto-Print)	Navigation	24
110 5	The second de considered for medication therapy:		Weight Loss Meds	VM Master	
V	 Obese patients with a BMI greater than or equal to 30. 		Guide to Meds	Physician Role	
V	Overweight patients with a BMI greater than or equal to 27 and obesity-related risk factors or diseases such as		Sibutramine	Evaluation	V
	hypertension, diabetes, or dyslipidemia.		Orlistat	Readiness	V
ower	ver, the BMI threshold is one part of the criteria for medication		Xenical and Vitamins	Diet Management	V
Dr	n Wm Orlistat	×	Kenical and Cyclosporine	Diet Management	
1			Phentermine	Physical Activity	
	Contraindications for Orlistat		Patient Info (Auto-Print)	Surgery	
	Review the following contraindications for this patient.		Sibutramine	Follow Up	
	Gastroenterology		Orlistat		
	Chronic Malabsorption Syndrome		Phentermine		
	Medications		Medications		
	Lipophilics, particularly cyclosporine		Sibutramine mg		
	If patients still choose to take orlistat,		I Orlistat mg		
	2 hours before and after orlistat.		Phentermine mg		
			Double-Click to Add Meds		
	Orlistat is acceptable drug for this patient.		Brand Name		
	Carcal Carcal				
	Calce				
L		-			

If neither of these is checked, the following statement appears in green, "Orlistat is acceptable drug for this patient."

Dm Wm Orlistat	×
Contraindications for Orlistat	
Review the following contraindications for this patient.	
Gastroenterology	
Chronic Malabsorption Syndrome	
Medications	
Lipophilics, particularly cyclosporine If patients still choose to take orlistat, cyclosporine should be taken at least 2 hours before and after orlistat.	
Orlistat is NOT an acceptable drug for this patient.	
OK Cancel	

If either of these is checked, the following statement appears in red, "Orlistat is NOT acceptable drug for this patient."

Dm Wm Orlistat	×
Contraindications for Orlistat	
Review the following contraindications for this patient.	
Gastroenterology	
Chronic Malabsorption Syndrome	
Medications	
Lipophilics, particularly cyclosporine If patients still choose to take orlistat, cyclosporine should be taken at least 2 hours before and after orlistat.	
Orlistat is acceptable drug for this patient.	
OK Cancel	

If the box beside Phentermine is checked the following pop-up appears:

Contraindications for Phentermine	hysician Info (Auto-Print)	Navigation
Review the following contraindications for this patient.	Weight Loss Medis	VVM Master
Cardiovascular	Guide to Meds	Physician Role
C Arrhythmias	Sibutramine	Evaluation
Congestive Heart Failure	Orlistat	Readiness
Coronary Artery Disease	Xenical and Vitamins	Trodui leas
Uncontrolled Hypertension	Xenical and Cyclosporine	Diet Management
Neurological	Phentermine	Physical Activity
☐ Stroke	Patient Info (Auto-Print)	Surgery
☐ Seizures	Sibutramine	Follow Up
Psychological	Orlistat	
Agitate States	Phentermine	
Past Complications	dications	
Valvular Heart Disease or Primary Pulmonary Hypertension	Sibutramine mg	
(from previous exposure to phentermine-tentiuramine or dextentiuramine)	C Orlistat mg	_
Medications	Phentermine mg	
Sibutramine (Meridia)	ble-Click to Add Meds	
MAOI Treatment	Brand Name	
Phentermine is an acceptable drug for this patient.		
OK Cancel		

If any one of these is NOT checked the following appears in green "**Phentermine is an** acceptable drug for this patient."

Phente	rmine
	Contraindications for Phentermine Review the following contraindications for this patient.
Cardio	vascular
	Arrhythmias
	Congestive Heart Failure
	Coronary Artery Disease
	Uncontrolled Hypertension
Neurol	ogical
	Stroke
	Seizures
Psycho	logical
	Agitate States
Past Co	omplications
	Valvular Heart Disease or Primary Pulmonary Hypertension (from previous exposure to phentermine-fenfluramine or dexfenfluramine)
Medica	tions
	Sibutramine (Meridia)
	MAOI Treatment
	Phentermine is NOT an acceptable drug for this patient.
	OK Cancel

If any one of these is checked the following appears in red "**Phentermine is NOT an acceptable drug for this patient.**"

At the bottom of the template, there is a link to the medication module with the instruction, "Double click to add meds."

Surgery Template

The full title of this template is **Surgical Management of Obesity**

Edit Program Disk Eastors	Patient Greg Test Age Sex M	r]			Navigation • VM C General	5
Cardiovascular	Integumentary	Height	63.00	in	Home	
Hypertension	Striae Distensae (Stretch Marks)	vVeight	100.00	lbs	Physician Role	
Congestive Heart Failure	Status Pigmentation of Legs	vVaist	50.00	in	Evaluation	2
Varicose Veins	Celluitis	Hips 60.00 in <u>Neck</u> 16.0 in	in in	Readiness	7	
Coronary Artery Disease	Acanthosis Nigricans, Skin Tags	Blood Pressure		10	Diet Management	
ndocrine	Musculoskeletal	Risk Retio	.83		Physical Activity	2
Metabolic Syndrome Type II Diabetes	Immobility	Body Fat	30	%	Medication	7
T Dyslipidemia	Costeoarthritis (Knees, Hips)	Protein Req	54	g/day	Surgery	2
	Neurologic	EMR EMI	35.14	cal/day	Follow Up	
strointestinal Gastroesophageal Reflux Disease (GERD) Non-Alcoholic Fatty Liver	Idiopathic Intracranial Hypertension	Modera	tely Obes	ie - Class II	Document	
	I Meralgia Paresthetica	Disease Ris	k Level	Calc	Information (Auto-P	rint)
Choleithiasis	Devression ow Self Esteem			Cala	Obesity and Health Risks	
Colon Concer	Body Image Disturbance	Assessment		Calc	VVM Definitions	
Utinary Stress Incontinence	Social Stigmatization				Body Composition	1
	Respiratory	Treatment		Calc	Health and Hope	_
Obesity-Related Glomerulopathy	Obstructive Sleep Appea	Treatment		Calc	Childhood Nutrition	
I Hypogonadism (male)	Hypoventilation Syndrome			100	Medicine, Myths, and M	Anaic
	Pickwickian Syndrome				Principles of Weight L	055
	I Astona	Drint	Accession	at 1		_

When should surgery be considered for weight management?

Clinically severe obesity (a BMI over 40 or a BMI with comorbid conditions) When patients are at high risk of obesity associated morbidity and mortality When less invasive methods of weight loss have failed In addition to these selection criteria, take the following patient factors into account when you consider surgery. Realistic expectations about what the surgical procedure entails Ability/desire to follow the surgically-imposed dietary changes Good social support system No active substance abuse or clinically significant and unstable psychopathology, such as untreated psychosis, uncontrolled depression, borderline personality disorder, or builmia nervosa Demonstrated adherence to medical recommendations (e.g.; taking medication, keeping follow-up appointments, agreeing to laboratory testing. What Operations are Performed? Risks/Benefits of Surgery Who Should be Involved?	WM Master Clinically severe obesity (a BM over 40 or a BM with comorbid conditions) When patients are at high risk of obesity associated morbidity and mortality When less invasive methods of weight loss have failed In addition to these selection orteria, take the following patient factors into account when you consider surgery. Realistic expectations about what the surgical procedure entails Good social support system No active substance abuse or clinically significant and unstable psychopathology, such as untreated psychosis, uncontrolled depression, borderline personality disorder, or bulimia nervosa Demonstrated adherence to medical recommendations (e.g.; taking medication, keeping follow-up appointments, agreeing to laboratory testing. Information (Auto-Print) What Operations are Performed? Risks/Benefits of Surgery Who Should be Involved?	WM Master Clinically severe obesity (a BM over 40 or a BM with comorbid conditions) WM en patients are at high risk of obesity associated morbidity and mortality When patients are at high risk of obesity associated morbidity and mortality When patients are at high risk of obesity associated morbidity and mortality When patients are at high risk of obesity associated morbidity and mortality When patients are at high risk of obesity associated morbidity and mortality When patients are at high risk of obesity associated morbidity and mortality When patients are at high risk of obesity associated morbidity and mortality When patients are at high risk of obesity associated morbidity and mortality When patients are at high risk of obesity associated morbidity and mortality When patients The addition to these selection criteria, take the following patient factors into account when you consider sugery. Good social support system No active substance abuse or clinically significant and unstable psychopathology, such as untreated psychosis, uncontrolled depression, borderline personality disorder, or bulimia nervosa Demonstrated adherence to medical recommendations (e.g.; taking medication, keeping follow-up appointments, agreeing to laboratory testing. What Operations are Performed? Risks/Benefits of Surgery Who Should be Involved?	When should surger	whe considered for weight management? Print	navigation
Clinically severe obesity (a BM over 40 or a BM with comorbid conditions) When patients are at high risk of obesity associated morbidity and mortality When less invasive methods of weight loss have failed In addition to these selection criteria, take the following patient factors into account when you consider surgery. Realistic expectations about what the surgical procedure entails Ability/desire to follow the surgically-imposed dietary changes Good social support system No active substance abuse or clinically significant and unstable psychopathology, such as untreated psychosis, uncontrolled depression, borderline personality disorder, or bulimia nervosa Demonstrated adherence to medical recommendations (e.g.; taking medication, keeping follow-up appointments, agreeing to laboratory testing.	Clinically severe obesity (a BM over 40 or a BM with comorbid conations) When patients are at high risk of obesity associated morbidity and mortality When less invasive methods of weight loss have failed In addition to these selection criteria, take the following patient factors into account when you consider surgery. Realistic expectations about what the surgical procedure entails Good social support system Good social support system Good social support system Det Manageme Physical Activi Medication Follow Up Social support system Demonstrated adherence to medical recommendations (e.g.; taking medication, keeping follow-up appointments, agreeing to laboratory testing.	Clinically severe obesity (a BMI over 40 or a BMI with comorbid conditions) When patients are at high risk of obesity associated morbidity and mortality When less invasive methods of weight loss have failed In addition to these selection criteria, take the following patient factors into account when you consider surgery. Realistic expectations about what the surgical procedure entails Good social support system No active substance abuse or clinically significant and unstable psychopathology, such as untreated psychosis, uncontrolled depression, borderline personality disorder, or bulkmia nervosa Demonstrated adherence to medical recommendations (e.g.; taking medication, keeping follow-up appointments, agreeing to laboratory testing. Information (Auto-Print) What Operations are Performed? Risks/Benefits of Surgery Who Should be Involved?			VVM Master
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Who Should be Involved?	Who Should be Involved?	Who Should be Involved?		Information (Auto-Print)	
				What Operations are Performed? Risks/Benefits of Surgery	

At the bottom of the template are three buttons under the heading, "Information (auto-Print):

- What Operations are Performed?Risks/Benefits of SurgeryWho Should be Involved?



Right Hand Column

Navigation Buttons

Surgical Management of Obesity

When should surgery be considered for weight management? Print

- Clinically severe obesity (a BMI over 40 or a BMI with comorbid conditions)
- T When patients are at high risk of obesity associated morbidity and mortality
- T When less invasive methods of weight loss have failed

In addition to these selection criteria, take the following patient factors into account when you consider surgery.

- F Realistic expectations about what the surgical procedure entails
- Ability/desire to follow the surgically-imposed dietary changes
- ☐ Good social support system
- No active substance abuse or clinically significant and unstable psychopathology, such as untreated psychosis, uncontrolled depression, borderline personality disorder, or bulimia nervosa
- Demonstrated adherence to medical recommendations (e.g.; taking medication, keeping follow-up appointments, agreeing to laboratory testing.

	Information (Auto-Print)
W	hat Operations are Performed?
	Risks/Benefits of Surgery
	Who Should be Involved?

	Navigation
	VVM Master
1	Physician Role
P	Evaluation
	Readiness
	Diet Management
1	Physical Activity
1	Medication
1	Follow Up

Clinically severe	obesity (a BMI over 40 or a BMI with comorbid o		V VIN PRODUCT
When patients an		conditions)	
Vyhen less invas	e at high risk of obesity associated morbidity an	d mortality	Physician Role
	ve methods of weight loss have failed		Evaluation
addition to these selectio	n criteria, take the following patient factors into	account when	Readiness
u consider surgery:			Diet Managemer
Realistic expects	tions about what the surgical procedure entails		Physical Activit
Ability/desire to 1	ollow the surgically-imposed dietary changes		Medication
Good social sup	oort system		Medicabon
disorder, or bulin Demonstrated ac keeping follow-u	Information (Auto-Print) What Operations are Performed? Risks/Benefits of Surgery Who Should be Involved?	ng medication,	

Follow-up Template

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sion Dise	MK Modera	35.14	_ cal/day		Followillo	
sion Dise	Modera	tely Ober			FOILOW UP	1
Dise	a a a a a Dial	Moderately Obese - Class			Document	
	Disease Risk Level Calc			Inf	ormation (Auto-P	rint)
_	Assessment Calc		Colo	Obesity and Health Risks VVM Definitions		isks
Ass			Calc			
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			Cala		Health and Hone	
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	Ĩ	Treatment	Treatment Print Assessme	Treatment Calc Print Assessment	Treatment Calc Me	WM Definitions Body Composition Treatment Calc Childhood Nutrition Medicine, Myths, and I Print Assessment

At the top of the template is a button entitled, What To Do At Follow-up Visits.

Contin	uing Plan of Care	VVM Master
Reviewed Current Weight		Physician Role
Start Weintet 145	Total Lose 45	Evaluation
Target Weight 132	Pounds Left to Lose 32	Readiness
Today's Weight 100.00		Diet Management
	Machine and	Physical Activity
. Congratulate patient on weight loss	, n acrieved	Medication
ew Compliance with Previous Directives	New Directives for Weight Management	Surgery
Reduced total calories successfully Maintained exercise program	Limit Calories	Document
Calorie Dense Foods	Increase Exercise	Follow Up Doc
Shorping Habits	Add weights to workout	Plan Template
Challenges of Dieting	Set a goal of pounds/week weight loss	
Eating Out	Call nurse with weekly progress reports on	Follow Up
Improvements	C diet C problems	

When it is depressed, the following instructions appear:



What should I do on a follow-up visit?

* Review patients current weight and dietary modifications

* Congratulate patients on their weight loss, if achieved, and the specific behavior changes that were made

* Ask patient about challenges to initiating and maintaining diet modifications

* Discuss whether to continue previous diet modifications, change diet modifications, or develop a new set of diet modifications with your patient

* Schedule another follow-up visit

Reviewed Current Weight – there are three weights display here:

- Start Weight
- Target Weight
- Today's Weight

Beside these three weights there are two boxes which display:

- **Total loss** this is the total loss since the Start Weight was recorded at the first use of this suite of templates.
- **Pounds to lose** this is the weight yet to be lost in order to eliminate weight as a health hazard.

Reviewed Current Weight	o Do At Followup Visits	Physician Role
Start Weintet 145	Total oss 45	Evaluation
Target Weight 132	Pounds Left to Lose 32	Readiness
Today's Meints 100.00		Diet Management
	2	Physical Activity
Congratulate patient on weight loss	, if achieved	Medication
Compliance with Previous Directives	New Directives for Weight Management	Surgery
Reduced total calories successfully Maintained exercise program	Limit Calories	Document
Calorie Dense Fonds	Increase Exercise	Follow Up Doc
Shonning Habits	Add weights to workout	Plan Template
Challenges of Dieting	Set a goal of pounds/week weight loss	
Enting Out	Call nurse with weekly progress reports on	Follow Up
Improvements	☐ diet ☐ problems	

Congratulate Patient on weight loss, if achieved.

Review Compliance with Previous Directives

- Reduced Total Calories successfully
- Maintained exercise program

Cor	ntinuing Plan of Care	VM Master	î
	What TO DO AL POIDWUP VISES	Physician Role	
Reviewed Current Weight		Euclustion	J.
Start Weight 145	Total Loss 45	Paadinaan	V
Target Weight 132	Pounds Left to Lose -32	Dist Management	V
Today's Weight 100.00		Diet wanagement	V
Congratulate patient on weig	ht loss, if achieved	Physical Activity	
- Deview Compliance with Dravious Directio	New Directives for Weight Management	Medication	
Reduced total calvies successfully	Maintain Diet Modifications	Surgery	
Maintained exercise program	Limit Calories	Document	l.
Caloria Danse Fonde	Increase Exercise	Follow Up Doc	1
Shooping Habits	Add weights to workout	Plan Template	1
Challennes of Disting	Set a goal of pounds/week weight loss	Planticityloco	1
Estina Ord	Call nurse with weekly progress reports on	Follow Up	
Early Out	diet problems		
Improvements		1 1	
			

Beneath this are four buttons which launch lists of dietary weight loss recommendations which will be printed on the chart note automatically. These are auto checked when accessed:

Calorie Dense Foods

	ing rian or oard	VALMANT	Ê.
What To	Do At Followup Visits	vvm master	
Reviewed Current Weight		Physician Role	-
Start Weight 145	Total Loss 45	Evaluation	
Target Weight 132	Pounds Left to Lose -32	Readiness	
Today's Weight 100.00		Diet Management	
	Dm Wm Plandense 🔀	Physical Activity	V
 Congratulate patient on weight loss, 	Calorie Dense Foods	Medication	V
iew Compliance with Previous Directives		Surgery	V
Reduced total calories successfully	Elimiated calorie dense foods, such as		1
Maintained exercise program	Cookies	Document	
Calorie Dense Foods	Candy	Follow Up Doc	
Shonning Habits	I✓ cakes	Plan Template	
Challenges of Disting	IV ice cream		1
Challenges of Dieting	I med toods	Jp	
Eating Out	Eliminated nutritional worthless, calorie dense foods		
Improvements	sugared drinks	-	
	✓ alcohol		
	Other		
	· · · · · · · · · · · · · · · · · · ·		
	OK Cancel		

• Shopping Habits

What To Do At Followup Visits VMM Master Reviewed Current Weight 145 Target Weight 145 Today's Weight 132 Pound's Left to Lose -32 Today's Weight 00.00 Corgratulate patient on weight loss, if achieved Physical Activity Weidcation Surgery View Compliance with Previous Direct Medication New Compliance with Previous Direct On Wm Planshop View Compliance with Previous Direct Medication Calorie Dense Foods Improvements Changed shopping habits Improvements Changed shopping habits Improvements Improvements Improvements Off Cancel	What To Do At Followup Visits VMM Master Reviewed Current Weight Total Loss 45 Start Weight 132 Pounds Left to Lose -32 Today's Weight 100.0X Readiness Diet Management Congratulate patient on weight loss, if achieved Physical Activity Medication view Compliance with Previous Direct Om Wm Planshop Medication Surgery View Compliance with Previous Direct Om Wm Planshop Medication Surgery View Compliance with Previous Direct Om Wm Planshop Medication Surgery Calorie Dense Foods Increased fresh vegetables Increased fresh vegetables Increased foods Increased fresh vegetables Increased from whole-food fruits Eating Out Improvements Off Cancel Improvements Improvements	Conti	nuing Plan of Care		
Reviewed Current Weight Physician Role Start Weight 145 Target Weight 132 Today's Weight 100.0C Congratulate patient on weight loss, if achieved Physical Activity wiew Compliance with Previous Direct Om Wm Planshop Reduced total calories successfully Medication Shopping Habits On comment Calorie Dense Foods increased frash vegetables Shopping Habits increased frash vegetables Challenges of Dieting increased frash vegetables Eating Out increased fibrous whole-food fruits Improvements Ofter Ofter Ofter	Reviewed Current Weight Physician Role Start Weight 145 Target Weight 132 Today's Weight 100.00 Congratulate patient on weight loss, if achieved Diet Management view Compliance with Previous Direct Medication Reduced total calories successfully Medication Maintained exercise program Changed shopping habits Calorie Dense Foods increased firesh vegetables Shopping Habits increased firesh vegetables Challenges of Dieting eliminated calorie dense snacks Improvements OK	VVI	at To Do At Followup Visits	VVM Master	
Start Weight 145 Target Weight 132 Today's Weight 132 Today's Weight 100.08 Congratulate patient on weight loss, if achieved The Word Patients on Weight loss, if	Start Weight 145 Target Weight 132 Today's Weight 132 Today's Weight 100.0K Congratulate patient on weight loss, if achieved of Congratulate patient on weight loss, if achieved of Wm Planshop weight calories successfully Reduced total calories successfully Calorie Dense Foods Shopping Habits Challenges of Dieting Eating Out Improvements Challenges of Dieting Challenges of	Reviewed Current Weight		Physician Role	_
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Today's Weight 100.0X Diet Management Congratulate patient on weight loss, if achieved Physical Activity Weedication Surgery View Compliance with Previous Direct On Wm Planshop Reduced total calories successfully Shopping Habits Calorie Dense Foods increased fresh vegetables Shopping Habits increased fresh vegetables Challenges of Dieting eitminated calorie dense snacks Eating Out increased fibrous whole-food fruits Improvements Other	Today's Weight 100.00 Diet Management 1 Congratulate patient on weight loss, if achieved Physical Activity Image: Congratulate patient on weight loss, if achieved Medication View Compliance with Previous Direct Medication Reduced total calories successfully Medication Maintained exercise program Changed shopping Habits Document Calorie Dense Foods Increased fresh vegetables Plan Template Improvements Increased fibrous whole-food fruits Plan Template OK Cancel Cancel	Target Weight 132	Pounds Left to Lose -32	Readiness	9
Congratulate patient on weight loss, if achieved Physical Activity Medication Com Wm Planshop Changed stopping Habits Changed stopping habits Changed stopping habits Changed stopping habits Changes of Dieting Eating Out Improvements OK Cancel Physical Activity Medication Surgery Document Follow Up Doc Pion Template Other OK Cancel	Congratulate patient on weight loss, if achieved	Today's Weight 100.00		Diet Management	
Image: Congression and particular of Views Compliance with Previous Direct Image: Congression and particular of Views Congression and particular of Views Congression and particular of Views Congression and particular of Changed shopping habits Image: Changed shopping habits	In our works parties to the version of the version		nes if achieved	Physical Activity	4
iew Compliance with Previous Direct Surgery Reduced total calories successfully Shopping Habits Calorie Dense Foods increased fresh vegetables Shopping Habits increased fresh vegetables Challenges of Dieting increased fresh vegetables Eating Out increased processed foods Improvements increased friorous whole-food fruits Other Other	iew Compliance with Previous Direct Shopping Habits Surgery I Reduced total calories successfully Changed shopping Habits Document Follow Up Doc Calorie Dense Foods Increased fresh vegetables Increased fresh vegetables Plan Template Challenges of Dieting Increased fibrous whole-food fruits Increased fibrous truits Increased fibrous truits Improvements OK Cancel OK Cancel	- Congratulate patient on weight a	n Wm Planshop	Medication	P
Reduced total calories successfully Maintained exercise program Calorie Dense Foods Shopping Habits Challenges of Dieting Eating Out Improvements	Reduced total calories successfully Maintained exercise program Calorie Dense Foods Shopping Habits Challenges of Dieting Eating Out Improvements	iew Compliance with Previous Direct		Surgery	
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Shopping Habts Image: avoided fatty meats Plan Template Challenges of Dieting Image: avoided fatty meats Plan Template Eating Out Improvements Improvements Improvements OK Cancel	Shopping Habits Improvements Plan Template Challenges of Dieting Improvements Plan Template Improvements Improvements Improvements OK Cancel	Calorie Dense Foods	Changed shopping habits	Follow Up Doc	j
Challenges of Dieting Eating Out Improvements	Challenges of Dieting Eating Out Improvements	Shopping Habits	voided fatty meats	Plan Template	Ĩ.
Eating Out Improvements	Eating Out Improvements	Challenges of Dieting	decreased processed foods		1
Improvements	Improvements	Eating Out	eliminated calorie dense snacks	2	
OK Cancel	Image: Contract Image: Contract Other Image: Contract	Improvements	I increased fibrous whole-food fruits		
Other Cancel	Other Cancel		decreased non-fibrous truits	la l	
OK Cancel	OK Cancel		Other		
OK Cancel	OK Cancel				
			OK Cancel		
				-	

• Challenges of dieting

Continuin What To Dr	A Followup Visits		VM Master
			Physician Role
Reviewed Current Weight			Evaluation
Start Weight 145	Total Loss 45		Readiness
Target Weight 132 Po	unds Left to Lose 32	~1	Dist Management
Today's Weight 100.00	YIII Planchai	~	Lifet Management
Congratulate patient on weight lo	Challenges to Maintaining Diet		Physical Activity
			Medication
Compliance with Previous Directives	Discussed challenges to maintaining diet		Surgery
Reduced total calories successfully	I✓ parties		Document
Maintained exercise program	M family celebrations		Document
Calorie Dense Foods	I♥ night time snacking		Follow Up Doc
Shopping Habits	l♥ bingeing on weekends		Plan Template
Challenges of Dieting	addiction to carbohudrates		
Enting Out	eating while watching ty		ip
Long Con	irregular schedule		
improvements	Taste of foods		,
	Other		
	OK Cancel		
		_	

• Eating Out

Reviewed Current Weight Start Weight 145 Target Weight 132 Pounds Left to Lose -32 Today's Weight 100.0K Congratulate patient Dm Wm Plancatout Physic Review Compliance with Previous Reduced total calories succes Maintained exercise program Congratulate patient Diff Maintained exercise program	vsician Role Evaluation Readiness Management sical Activity	ন ন ন
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Target Weight 132 Pounds Left to Lose -32 Review Compliance with Previous Congratulate patient Dm Wm Planeatout M Review Compliance with Previous Eating Out M Reduced total calories succes Eating out with successful modification of types of foods eaten Doc	Readiness Management sical Activity	ঘ
Today's Weight 100.00 Diet M Congratulate patient Dm Wm Planeatout M Review Compliance with Previous Eating Out M Reduced total calories succes Eating out with successful modification of types of foods eaten Do	Management sical Activity	
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Review Compliance with Previous Eating Out Reduced total calories succes Eating out with successful modification of types of foods eaten Maintained exercise program If dependent successful modification of types of foods eaten	Medication	2
Reduced total calories succes Maintained exercise program Additional exercise program Transacte surgicity	Surgery	
	ocument	ĺ
Calorie Dense Foods	low Up Doc	
Shopping Habits I avoided restaurants that cause overeating Plan	an Template	Ì
Challenges of Dieting		
Eating Out		
Improvements V fast foods avoided	-	
Other		
Cancel		

There is then a list of seven potential benefits of weight loss to review with the patient under the pop-up entitled **Improvement**:



New Directives for Weight Management – this gives follow-up instructions to the patient and these appear on the follow-up note which is to be given to the patient:

Contin	uing Plan of Care		VVM Master	ĺ
Reviewed Current Weinitt		PI	hysician Role	
Start Majakt 145	Total oss 45		Evaluation	5
Target Meintet 132	Pounds Leff to Lose 32		Readiness	R
Torday/s Weight 100.00		Die	t Management	N.
		Ph	ysical Activity	N.
Congratulate patient on weight loss	, if achieved		Medication	V
Review Compliance with Previous Directives	New Directives for Weight Management		Surgery	V
Reduced total calories successfully Maintained exercise program	Limit Calories		Document	Î.
Calorie Dense Foorts	Increase Exercise	Fo	llow Up Doc	
Shopping Hebts	Add stretching to workout	P	lan Template	í
Challenges of Dieting	Set a goal of pounds/week weight loss			1
Eating Out	Call nurse with weekly progress reports on	Follow Up		
Improvements	☐ diet ☐ problems	i Tr		
L	·			

Right hand column

Navigation buttons

Follow-up Doc – this button launches the generation of the document which is to be given to the patient following a weight-management assessment.

Plan Template – this navigates you to the Master GP Plan Template for the completion of a visit which is focused completely on weight management. For information on using this template, see the <u>Master GP</u> tutor.

Follow-up – this enables the provider to schedule a follow-up weight management visit.

Reviewed Current Weight			Physician Role	
Start Weight 145	Total Loss 45		Evaluation	
Target Weight 132	Pounds Left to Lose -32		Readiness	
Today's Weight 100.00			Diet Management	
Congratulate patient on weight loss	if achieved		Physical Activity	
	·		Medication	
ew Compliance with Previous Directives	New Directives for Weight Management		Surgery	
Reduced total calories successfully Maintained exercise program	Limit Calories		Document	1
Calorie Dense Foods	Increase Exercise Add stratistics to work at		Follow Up Doc	
Shopping Habits	Add weights to workout		Plan Template	Ĩ
Challenges of Dieting	Set a goal of pounds/week weight loss			1
Eating Out	Call nurse with weekly progress reports on	Follow	Jp	
Improvements	diet F problems	i i		
	• 			