

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:

AAA Home

The screenshot shows the SETMA patient portal interface. At the top left is the logo for Southeast Texas Medical Associates, LLC. The patient information section includes fields for Patient Name (Greg Test Jr), Sex (M), Age, and DOB. Below this is a red alert banner that reads "Patient has one or more alerts!" with a link to "Click Here to View Alerts". A large menu of navigation links is displayed, including "SETMA's LESS Initiative", "Preventing Diabetes", "Preventing Hypertension", "Medical Home Coordination", "Charge Posting Tutorial", "ICD-9 Code Tutorial", "E&M Coding Recommendations", "Needs Attention!!", "Master GP", "Nursing Home", "Ophthalmology", "Pediatrics", "Physical Therapy", "Podiatry", "Rheumatology", "Daily Progress", "Admission Orders", "Discharge", "Insulin Infusion", "Colorectal Surgery", "Pain Management", "Exercise", "CHF Exercise", "Diabetic Exercise", "Drug Interactions", "Smoking Cessation", "Hydration", "Nutrition", "Guidelines", "Lab Future", and "Lab Results". Under the "Disease Management" section, the "Weight Management" link is highlighted with a red rectangular box. Other links include "Acute Coronary Syn", "Angina", "Asthma", "CHF", "Diabetes", "Headaches", "Hypertension", "Lipids", "Cardiometabolic Risk Syndrome", "Renal Failure", and "Diabetes Edu". The "Patient's Pharmacy" section shows "CVS - Jasper" with phone and fax numbers. There are buttons for "Rx Sheet - Active", "Rx Sheet - New", "Rx Sheet - Complete", and "Home Health". The "Pending Referrals" section contains a table with columns for Status, Priority, Referral, and Referring Provider. The "Archived Referrals" section is noted as "Do not use for new referrals" and also has a table with the same columns. A "Referral History" link is present. On the right side, there is a "Chart Note" section with buttons for "Return Info", "Return Doc", "Email", "Telephone", "Records Request", and "Transfer of Care Doc".

LESS Initiative



Patient Sex Age DOB

Home Phone Work Phone

Patient's Code Status

Patient has one or more alerts! [Click Here to View Alerts](#)

SETMA's LESS Initiative | [Preventing Diabetes](#) | [Preventing Hypertension](#) | [Medical Home Coordination](#)
[Charge Posting Tutorial](#) | [ICD-9 Code Tutorial](#) | [E8M Coding Recommendations](#) | **Needs Attention!!**

[Master GP](#) | [Nursing Home](#) | [Ophthalmology](#) | [Pediatrics](#) | [Physical Therapy](#) | [Podiatry](#) | [Rheumatology](#)
[Daily Progress](#) | [Admission Orders](#) | [Discharge](#) | [Insulin Infusion](#) | [Colorectal Surgery](#) | [Pain Management](#) |

[Exercise](#) | [CHF Exercise](#) | [Diabetic Exercise](#) | [Drug Interactions](#) | [Smoking Cessation](#) |
[Hydration](#) | [Nutrition](#) | [Guidelines](#) | [Lab Future](#) | [Lab Results](#) |

Disease Management

[Acute Coronary Syn](#) | [Angina](#) | [Asthma](#) | [CHF](#) | [Diabetes](#) | [Headaches](#) | [Hypertension](#) | [Lipids](#) | [Cardiometabolic Risk Syndrome](#) |
[Weight Management](#) | [Renal Failure](#) | [Diabetes Edu](#)

Patient's Pharmacy

 Phone
 Fax

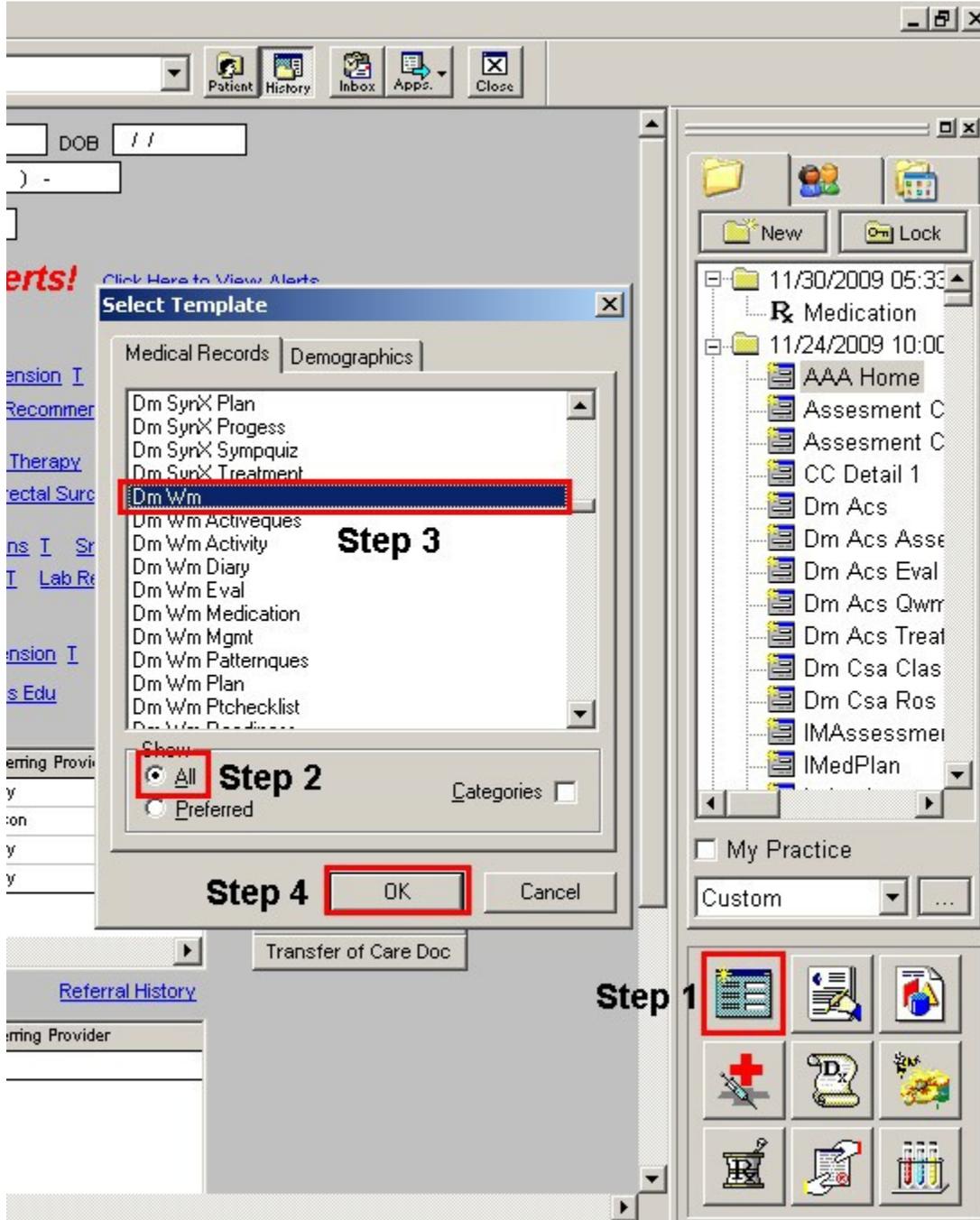
Pending Referrals

Status	Priority	Referral	Referring Provider
Completed	Routine	Thyroid Biopsy	Holly
Completed	Stat	Sleep Studies	Wilson
Completed	Immediate	CT	Holly
Completed	Immediate	Carotid Doppler	Holly

Archived Referrals - Do not use for new referrals [Referral History](#)

Status	Priority	Referral	Referring Provider

Main Tool Bar



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, [Click Here](#)

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

The screenshot displays the 'Weight Management' software interface. At the top, it shows patient information: 'Patient Greg Test Jr', 'Age', and 'Sex M'. Below this, there are several sections for medical history and risk factors, including Cardiovascular, Endocrine, Gastrointestinal, Genitourinary, Integumentary, Musculoskeletal, Neurologic, Psychological, and Respiratory. Each section contains a list of conditions with checkboxes, some of which are checked (e.g., Hypertension, Congestive Heart Failure, Metabolic Syndrome). On the right side, there is a 'Navigation' section with radio buttons for 'WM' (selected) and 'General'. Below this is a vertical list of buttons: 'Home', 'Physician Role', 'Evaluation', 'Readiness', 'Diet Management', 'Physical Activity', 'Medication', 'Surgery', 'Follow Up', 'Document', and 'Information (Auto-Print)'. The buttons from 'Physician Role' to 'Follow Up' are enclosed in a red rectangular box. At the bottom right, there is a 'Print Assessment' button.

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

The screenshot displays the 'Weight Management' software interface. At the top, it shows patient information: 'Patient Greg Test Jr', 'Age', and 'Sex M'. A 'Navigation' section at the top right has two radio buttons: 'VM' and 'General', with 'General' selected and highlighted by a red box. Below this is a 'Home' button and a vertical stack of buttons: 'Chief/Chronic', 'HPI', 'Histories', 'System Review', and 'Physical Exam', all highlighted with a green border. The main area is divided into several columns of medical categories with checkboxes:

- Cardiovascular:** Hypertension (checked), Congestive Heart Failure (checked), Cor pulmonale, Varicose Veins, Pulmonary Embolism, Coronary Artery Disease.
- Endocrine:** Metabolic Syndrome (checked), Type II Diabetes, Dyslipidemia.
- Gastrointestinal:** Gastroesophageal Reflux Disease (GERD), Non-Alcoholic Fatty Liver, Cholelithiasis, Hernias, Colon Cancer.
- Genitourinary:** Urinary Stress Incontinence, Obesity-Related Glomerulopathy, Hypogonadism (male).
- Integumentary:** Striae Distensae (Stretch Marks), Status Pigmentation of Legs, Lymphedema, Cellulitis, Intertrigo, Carbuncles, Acanthosis Nigricans, Skin Tags.
- Musculoskeletal:** Hyperuricemia and Gout, Immobility, Osteoarthritis (Knees, Hips), Low Back Pain.
- Neurologic:** Stroke, Idiopathic Intracranial Hypertension, Meralgia Paresthetica.
- Psychological:** Depression/Low Self Esteem, Body Image Disturbance, Social Stigmatization.
- Respiratory:** Dyspnea, Obstructive Sleep Apnea, Hypoventilation Syndrome, Pickwickian Syndrome, Asthma.

On the right side, there are input fields for: Height (63.00 in), Weight (100.00 lbs), Waist (50.00 in), Hips (60.00 in), Neck (16.0 in), Blood Pressure, Risk Ratio (.83), Body Fat (30%), Protein Req (54 g/day), BMR, and BMI. Below these are sections for 'Disease Risk Level', 'Assessment', and 'Treatment', each with a 'Calc' button. At the bottom right is an 'Information (Auto-Print)' section with buttons for: Obesity and Health Risks, WM Definitions, Body Composition, Health and Hope, Childhood Nutrition, Medicine, Myths, and Magic, and Principles of Weight Loss. A 'Print Assessment' button is located at the bottom center.

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.

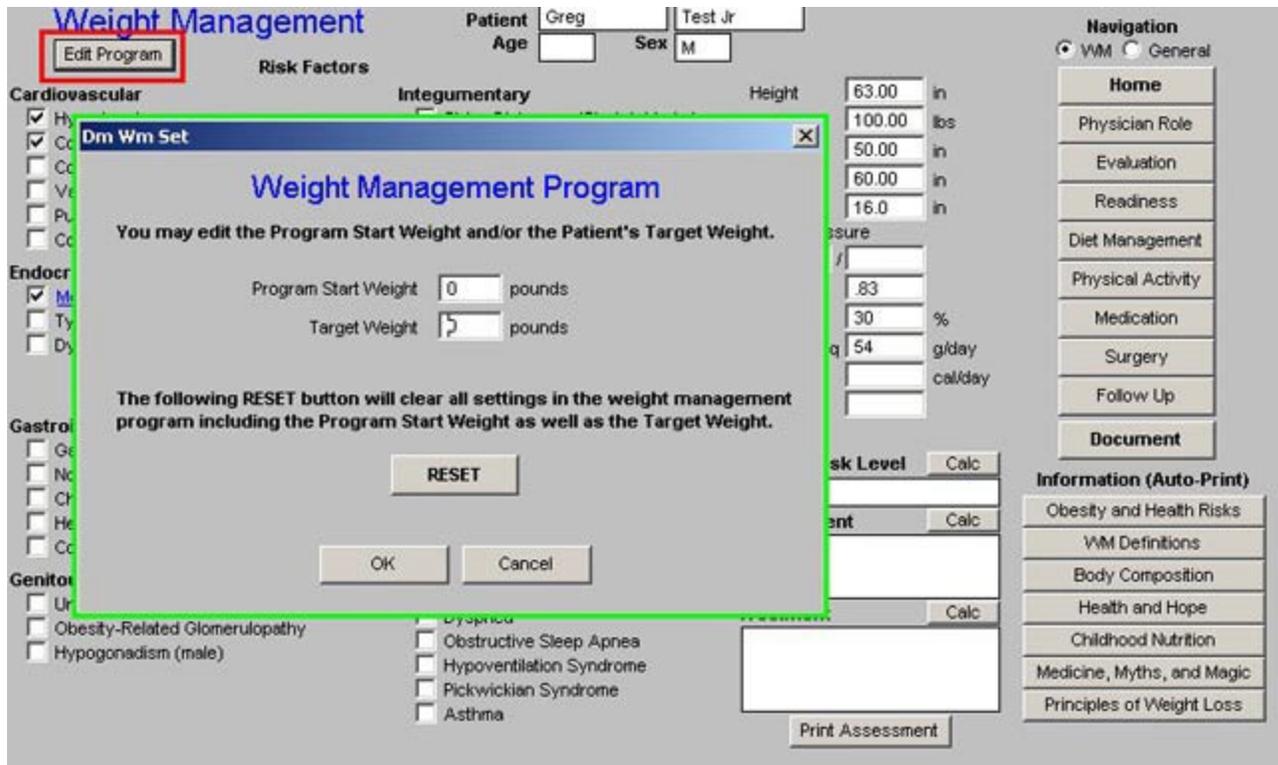
Weight Management Master Template

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**.



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.



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

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.

Weight Management Patient: Greg Test Jr. Age: [] Sex: M

Risk Factors

Cardiovascular

- Hypertension
- Congestive Heart Failure
- Cor pulmonale
- Varicose Veins
- Pulmonary Embolism
- Coronary Artery Disease

Endocrine

- [Metabolic Syndrome](#)
- Type II Diabetes
- Dyslipidemia

Gastrointestinal

- Gastroesophageal Reflux Disease (GERD)
- Non-Alcoholic Fatty Liver
- Cholelithiasis
- Hernias
- Colon Cancer

Genitourinary

- Urinary Stress Incontinence
- Obesity-Related Glomerulopathy
- Hypogonadism (male)

Integumentary

- Striae Distensae (Stretch Marks)
- Status Pigmentation of Legs
- Lymphedema
- Cellulitis
- Intertrigo, Carbuncles
- Acanthosis Nigricans, Skin Tags

Musculoskeletal

- Hyperuricemia and Gout
- Immobility
- Osteoarthritis (Knees, Hips)
- Low Back Pain

Neurologic

- Stroke
- Idiopathic Intracranial Hypertension
- [Meralgia Paresthetica](#)

Psychological

- Depression/Low Self Esteem
- Body Image Disturbance
- Social Stigmatization

Respiratory

- Dyspnea
- Obstructive Sleep Apnea
- Hypoventilation Syndrome
- Pickwickian Syndrome
- Asthma

Height: 63.00 in
 Weight: 100.00 lbs
 Waist: 50.00 in
 Hips: 60.00 in
 Neck: 16.0 in
 Blood Pressure: [] / []
[Risk Ratio](#): .83
[Body Fat](#): 30 %
 Protein Req: 54 g/day
[BMR](#): [] cal/day
[BMI](#): []

Disease Risk Level []

Assessment []

Treatment []

Navigation

- WM
- General

Home

-
-
-
-
-
-
-
-

Document

Information (Auto-Print)

-
-
-
-
-
-
-

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

The screenshot displays the 'Weight Management' software interface for a patient named Greg Test Jr. The interface is organized into several sections:

- Patient Information:** Name (Greg Test Jr), Age (blank), Sex (M).
- Risk Factors:** A central column of checkboxes for various medical conditions.
- Body Composition:** A table with a red border showing:

Height	63.00	in
Weight	100.00	lbs
Waist	50.00	in
Hips	60.00	in
Neck	16.0	in
Blood Pressure		
Risk Ratio	.83	
Body Fat	30	%
Protein Req	54	g/day
BMR		cal/day
BMI		
- Medical History (Left Column):**
 - Cardiovascular:** Hypertension, Congestive Heart Failure, Cor pulmonale, Varicose Veins, Pulmonary Embolism, Coronary Artery Disease.
 - Endocrine:** Metabolic Syndrome, Type II Diabetes, Dyslipidemia.
 - Gastrointestinal:** Gastroesophageal Reflux Disease (GERD), Non-Alcoholic Fatty Liver, Cholelithiasis, Hernias, Colon Cancer.
 - Genitourinary:** Urinary Stress Incontinence, Obesity-Related Glomerulopathy, Hypogonadism (male).
- Medical History (Right Column):**
 - Integumentary:** Striae Distensae (Stretch Marks), Status Pigmentation of Legs, Lymphedema, Cellulitis, Intertrigo, Carbuncles, Acanthosis Nigricans, Skin Tags.
 - Musculoskeletal:** Hyperuricemia and Gout, Immobility, Osteoarthritis (Knees, Hips), Low Back Pain.
 - Neurologic:** Stroke, Idiopathic Intracranial Hypertension, Meralgia Paresthetica.
 - Psychological:** Depression/Low Self Esteem, Body Image Disturbance, Social Stigmatization.
 - Respiratory:** Dyspnea, Obstructive Sleep Apnea, Hypoventilation Syndrome, Pickwickian Syndrome, Asthma.
- Navigation (Right Side):** Home, Physician Role, Evaluation, Readiness, Diet Management, Physical Activity, Medication, Surgery, Follow Up, Document.
- Information (Auto-Print) (Bottom Right):** Obesity and Health Risks, WM Definitions, Body Composition, Health and Hope, Childhood Nutrition, Medicine, Myths, and Magic, Principles of Weight Loss.
- Buttons:** 'Print Assessment' at the bottom center, and 'Calc' buttons for 'Disease Risk Level', 'Assessment', and 'Treatment'.

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
Age Sex

Risk Factors

Cardiovascular

Hypertension
 Congestive Heart Failure
 Cor pulmonale
 Varicose Veins
 Pulmonary Embolism
 Coronary Artery Disease

Endocrine

[Metabolic Syndrome](#)
 Type II Diabetes
 Dyslipidemia

Gastrointestinal

Gastroesophageal Reflux Disease (GERD)
 Non-Alcoholic Fatty Liver
 Cholelithiasis
 Hernias
 Colon Cancer

Genitourinary

Urinary Stress Incontinence
 Obesity-Related Glomerulopathy
 Hypogonadism (male)

Integumentary

Striae Distensae (Stretch Marks)
 Status Pigmentation of Legs
 Lymphedema
 Cellulitis
 Intertrigo, Carbuncles
 Acanthosis Nigricans, Skin Tags

Musculoskeletal

Hyperuricemia and Gout
 Immobility
 Osteoarthritis (Knees, Hips)
 Low Back Pain

Neurologic

Stroke
 Idiopathic Intracranial Hypertension
 [Meralgia Paresthetica](#)

Psychological

Depression/Low Self Esteem
 Body Image Disturbance
 Social Stigmatization

Respiratory

Dyspnea
 Obstructive Sleep Apnea
 Hypoventilation Syndrome
 Pickwickian Syndrome
 Asthma

Height in
 Weight lbs
 Waist in
 Hips in
[Neck](#) in
 Blood Pressure /
[Risk Ratio](#)
[Body Fat](#) %
 Protein Req g/day
[BMR](#) cal/day
[BMI](#)

Moderately Obese - Class II

Disease Risk Level

Assessment

Treatment

Navigation

WM General

Information (Auto-Print)

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.

Weight Management Patient

Risk Factors Age Sex

<p>Cardiovascular</p> <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Cor pulmonale <input type="checkbox"/> Varicose Veins <input type="checkbox"/> Pulmonary Embolism <input type="checkbox"/> Coronary Artery Disease <p>Endocrine</p> <input checked="" type="checkbox"/> Metabolic Syndrome <input type="checkbox"/> Type II Diabetes <input type="checkbox"/> Dyslipidemia <p>Gastrointestinal</p> <input type="checkbox"/> Gastroesophageal Reflux Disease (GERD) <input type="checkbox"/> Non-Alcoholic Fatty Liver <input type="checkbox"/> Cholelithiasis <input type="checkbox"/> Hernias <input type="checkbox"/> Colon Cancer <p>Genitourinary</p> <input type="checkbox"/> Urinary Stress Incontinence <input type="checkbox"/> Obesity-Related Glomerulopathy <input type="checkbox"/> Hypogonadism (male)	<p>Integumentary</p> <input type="checkbox"/> Striae Distensae (Stretch Marks) <input type="checkbox"/> Status Pigmentation of Legs <input type="checkbox"/> Lymphedema <input type="checkbox"/> Cellulitis <input type="checkbox"/> Intertrigo, Carbuncles <input type="checkbox"/> Acanthosis Nigricans, Skin Tags <p>Musculoskeletal</p> <input type="checkbox"/> Hyperuricemia and Gout <input type="checkbox"/> Immobility <input type="checkbox"/> Osteoarthritis (Knees, Hips) <input type="checkbox"/> Low Back Pain <p>Neurologic</p> <input type="checkbox"/> Stroke <input type="checkbox"/> Idiopathic Intracranial Hypertension <input checked="" type="checkbox"/> Meralgia Paresthetica <p>Psychological</p> <input type="checkbox"/> Depression/Low Self Esteem <input type="checkbox"/> Body Image Disturbance <input type="checkbox"/> Social Stigmatization <p>Respiratory</p> <input type="checkbox"/> Dyspnea <input type="checkbox"/> Obstructive Sleep Apnea <input type="checkbox"/> Hypoventilation Syndrome <input type="checkbox"/> Pickwickian Syndrome <input type="checkbox"/> Asthma	<p>Height <input type="text" value="63.00"/> in Weight <input type="text" value="100.00"/> lbs Waist <input type="text" value="50.00"/> in Hips <input type="text" value="60.00"/> in Neck <input type="text" value="16.0"/> in</p> <p>Blood Pressure <input type="text"/> / <input type="text"/></p> <p>Risk Ratio <input type="text" value=".83"/> Body Fat <input type="text" value="30"/> % Protein Req <input type="text" value="54"/> g/day BMR <input type="text"/> BMI <input type="text" value="35.14"/></p> <p style="color: red; text-align: center;">Moderately Obese - Class II</p> <div style="border: 2px solid red; padding: 5px;"> <p>Disease Risk Level <input type="button" value="Calc"/></p> <p>Assessment <input type="button" value="Calc"/></p> <p>Treatment <input type="button" value="Calc"/></p> </div> <p style="text-align: center;"><input type="button" value="Print Assessment"/></p>	<p>Navigation</p> <input checked="" type="radio"/> WM <input type="radio"/> General <p><input type="button" value="Home"/></p> <p><input type="button" value="Physician Role"/></p> <p><input type="button" value="Evaluation"/></p> <p><input type="button" value="Readiness"/></p> <p><input type="button" value="Diet Management"/></p> <p><input type="button" value="Physical Activity"/></p> <p><input type="button" value="Medication"/></p> <p><input type="button" value="Surgery"/></p> <p><input type="button" value="Follow Up"/></p> <p><input type="button" value="Document"/></p> <p>Information (Auto-Print)</p> <p><input type="button" value="Obesity and Health Risks"/></p> <p><input type="button" value="WM Definitions"/></p> <p><input type="button" value="Body Composition"/></p> <p><input type="button" value="Health and Hope"/></p> <p><input type="button" value="Childhood Nutrition"/></p> <p><input type="button" value="Medicine, Myths, and Magic"/></p> <p><input type="button" value="Principles of Weight Loss"/></p>
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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.

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:

Weight Management

Patient
Age Sex

Cardiovascular
 Hypertension
 Congestive Heart Failure

Risk Factors
Integumentary
 Striae Distensae (Stretch Marks)
 Status Pigmentation of Legs

Height in
 vWeight lbs
 wWeight in

Navigation
 VM General

Om Wm Doctorrole

Physician's Role in Weight Management

Take Baseline Measurements

- Weight
- Height
- BMI
- Waist Circumference
- Blood Pressure
- Serum Lipids
- Serum Glucose

- Alert patients to the risk of inappropriate weight gain and the possible benefits of weight loss. At a minimum, advise patients to prevent further weight gain and advocate lifestyles that will promote a healthier weight.
- Assess current physical activity.
- Assess current eating habits.
- Assess readiness to make long-term lifestyle changes.
- Recommend treatment approaches for specific patients, targeting realistic goals and providing ongoing support and encouragement.
- Guide patients toward a weight management program that will become part of their everyday life.
- Encourage all patients to strive to maintain a lower body weight over the long term.
- Recognize behavioral and environmental factors as major determinants of overweight and obesity.
- Identify other health professionals in the community who are critical to the treatment of adults who are obese, including registered dietitians, bariatric surgeons, and mental health professionals.

Information (Auto-Print)

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.**

Weight Management

Risk Factors

Patient:
 Age: Sex:

Cardiovascular

- Hypertension
- Congestive Heart Failure
- Cor pulmonale
- Varicose Veins
- Pulmonary Embolism
- Coronary Artery Disease

Endocrine

- [Metabolic Syndrome](#)
- Type II Diabetes
- Dyslipidemia

Gastrointestinal

- Gastroesophageal Reflux Disease (GERD)
- Non-Alcoholic Fatty Liver
- Cholelithiasis
- Hernias
- Colon Cancer

Genitourinary

- Urinary Stress Incontinence
- Obesity-Related Glomerulopathy
- Hypogonadism (male)

Integumentary

- Striae Distensae (Stretch Marks)
- Status Pigmentation of Legs
- Lymphedema
- Cellulitis
- Intertrigo, Carbuncles
- Acanthosis Nigrans, Skin Tags

Musculoskeletal

- Hyperuricemia and Gout
- Immobility
- Osteoarthritis (Knees, Hips)
- Low Back Pain

Neurologic

- Stroke
- Idiopathic Intracranial Hypertension
- [Meralgia Paresthetica](#)

Psychological

- Depression/Low Self Esteem
- Body Image Disturbance
- Social Stigmatization

Respiratory

- Dyspnea
- Obstructive Sleep Apnea
- Hypoventilation Syndrome
- Pickwickian Syndrome
- Asthma

Height: in
 Weight: lbs
 Waist: in
 Hips: in
 Neck: in

Blood Pressure: /
 Risk Ratio:
 Body Fat: %
 Protein Req: g/day
 BMR: cal/day
 BMI:

Moderately Obese - Class II

Disease Risk Level
 Assessment
 Treatment

Navigation

WM General

Information (Auto-Print)

-
-
-
-
-
-
-

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.

Laboratory and Diagnostic Evaluation of the Obese Patient
Based on Presentation of Symptoms, Risk Factors and Index of Suspicion

Medications Causing Fat Gain

Suspici

Medications Associated with Body Fat Weight Gain

Psychiatric/Neurological

- Antipsychotic Agents
(phenothiazine, olanzapine, clozapine, risperidone)
- Mood Stabilizers
(lithium)
- Antidepressants
(tricyclics, monoamine, oxidase inhibitors, selective serotonin reuptake inhibitors, mirtazapine)
- Antiepileptics
(gabapentin, valproate sodium, carbamazepine)

Steroid Hormones

- Corticosteroids
- Progestational Steroids

Anti-Diabetes Agents

- Insulin
- Sulfonylureas
- Thiazolidinediones

Anti-Hypertensive Agents

- Beta-1 and Alpha-1 Adrenergic Receptor Blockers

Antihistamines

- Cyproheptadine Hydrochloride

HIV Protease Inhibitors

- Lipodystrophy (central obesity)

OK Cancel

Navigation

- WM Master
- Physician Role
- Readiness
- Diet Management
- Physical Activity
- Medication
- Surgery
- Follow Up

Information (Auto-Print)

- Comprehensive Health Plan I
- Comprehensive Health Plan II
- Comprehensive Health Plan III
- Comprehensive Health Plan IV

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.

Laboratory and Diagnostic Evaluation of the Obese Patient Based on Presentation of Symptoms, Risk Factors and Index of Suspicion

Medications Causing Fat Gain

Suspicions

- [Obstructive Sleep Apnea](#)
- [Alveolar Hypoventilation](#)
- [Cushing's Syndrome](#)
- [Diabetes Mellitus](#)
- [Hypothyroidism](#)
- [Metabolic Syndrome](#)
- [Hypertension](#)
- [Gallstones](#)
- [Hepatomegaly](#)

Actions

- Blood Pressure Reading
- ENT Exam for Upper Airway Obstruction
- Neck Measurement

Laboratory

<ul style="list-style-type: none"> <input type="checkbox"/> 120 Minute Glucose Challenge <input type="checkbox"/> Blood Chemistry <input type="checkbox"/> Blood Gases <input type="checkbox"/> CBC <input type="checkbox"/> Chest X-Ray <input type="checkbox"/> Cortisol Level <input type="checkbox"/> DHEAS <input type="checkbox"/> Fasting Blood Glucose <input type="checkbox"/> Glycosylated Hemoglobin 	<ul style="list-style-type: none"> <input type="checkbox"/> Hepatic Function Test <input type="checkbox"/> Lipid Profile <input type="checkbox"/> Morning Progesterone <input type="checkbox"/> Morning Testosterone <input type="checkbox"/> Prolactin <input type="checkbox"/> Testosterone, Free <input type="checkbox"/> TSH <input type="checkbox"/> Urinalysis
--	--

Procedures

<ul style="list-style-type: none"> <input type="checkbox"/> EKG <input type="checkbox"/> Gallbladder Ultrasound <input type="checkbox"/> Liver Ultrasound 	<ul style="list-style-type: none"> <input type="checkbox"/> PFT <input type="checkbox"/> Polysomnography <input type="checkbox"/> CPET
--	---

Navigation

- VM Master
- Physician Role
- Readiness
- Diet Management
- Physical Activity
- Medication
- Surgery
- Follow Up

Information (Auto-Print)

- Comprehensive Health Plan I
- Comprehensive Health Plan II
- Comprehensive Health Plan III
- Comprehensive Health Plan IV

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.

Laboratory and Diagnostic Evaluation of the Obese Patient Based on Presentation of Symptoms, Risk Factors and Index of Suspicion

Medications Causing Fat Gain

Suspicious

- [Obstructive Sleep Apnea](#)
- [Alveolar Hypoventilation](#)
- [Cushing's Syndrome](#)
- [Diabetes Mellitus](#)
- [Hypothyroidism](#)
- [Metabolic Syndrome](#)
- [Hypertension](#)
- [Gallstones](#)
- [Hepatomegaly](#)

Actions

- Blood Pressure Reading
- ENT Exam for Upper Airway Obstruction
- Neck Measurement

Laboratory

- | | |
|---|--|
| <input type="checkbox"/> 120 Minute Glucose Challenge | <input type="checkbox"/> Hepatic Function Test |
| <input type="checkbox"/> Blood Chemistry | <input type="checkbox"/> Lipid Profile |
| <input type="checkbox"/> Blood Gases | <input type="checkbox"/> Morning Progesterone |
| <input type="checkbox"/> CBC | <input type="checkbox"/> Morning Testosterone |
| <input type="checkbox"/> Chest X-Ray | <input type="checkbox"/> Prolactin |
| <input type="checkbox"/> Cortisol Level | <input type="checkbox"/> Testosterone, Free |
| <input type="checkbox"/> DHEAS | <input type="checkbox"/> TSH |
| <input type="checkbox"/> Fasting Blood Glucose | <input type="checkbox"/> Urinalysis |
| <input type="checkbox"/> Glycosylated Hemoglobin | |

Procedures

- | | |
|---|--|
| <input type="checkbox"/> EKG | <input type="checkbox"/> PFT |
| <input type="checkbox"/> Gallbladder Ultrasound | <input type="checkbox"/> Polysomnography |
| <input type="checkbox"/> Liver Ultrasound | <input type="checkbox"/> CPET |

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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.

Laboratory and Diagnostic Evaluation of the Obese Patient
Based on Presentation of Symptoms, Risk Factors and Index of Suspicion

Medications Causing Fat Gain

Suspicious

Obstructive Sleep Apnea

Alveolar Hypoventilation

Cushing's Syndrome

Diabetes Mellitus

Hypothyroidism

Metabolic Syndrome

Hypertension

Gallstones

Hepatomegaly

Actions

Blood Pressure Reading

ENT Exam for Upper Airway Obstruction

Neck Measurement

Laboratory

120 Minute Glucose Challenge

Blood Chemistry

Blood Gases

CBC

Chest X-Ray

Cortisol Level

DHEAS

Fasting Blood Glucose

Glycosylated Hemoglobin

Procedures

EKG

Gallbladder Ultrasound

Liver Ultrasound

Hepatic Function Test

Lipid Profile

Morning Progesterone

Morning Testosterone

Prolactin

Testosterone, Free

TSH

Urinalysis

PFT

Polysomnography

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Comprehensive Health Plan II

Comprehensive Health Plan III

Comprehensive Health Plan IV

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

Patient Readiness for Weight Management

What is hard about managing your weight?

No will power
 I've always been overweight
 No exercise
 Schedule too busy
 Hungry all the time
 I don't like vegetables
 I'm a meat and potatoes person
 I'm addicted to sugar
 I like beer

Comments

How does being overweight affect you?

Limits exercise
 Can't wear my clothes
 Tired all the time
 My knees hurt
 My back hurts
 I feel ugly

Comments

What can't you do now that you would like to do if you weighed less?

Ride a bike
 Go bowling
 Play golf
 Go for walks
 Play with my grandchildren
 Get into my old clothes

Comments

What would you like to get out of this visit regarding your weight?

A diet
 Accountability
 Understanding about what makes me fat
 Medication
 Evaluation of what is making me fat

Comments

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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.

Patient Readiness for Weight Management

What is hard about managing your weight?

- No will power
- I've always been overweight
- No exercise
- Schedule too busy
- Hungry all the time
- I don't like vegetables
- I'm a meat and potatoes person
- I'm addicted to sugar
- I like beer

Comments

What can't you do now that you would like to do if you weighed less?

- Ride a bike
- Go bowling
- Play golf
- Go for walks
- Play with my grandchildren
- Get into my old clothes

Comments

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How does being overweight affect you?

- Limits exercise
- Can't wear my clothes
- Tired all the time
- My knees hurt
- My back hurts
- I feel ugly

Comments

What would you like to get out of this visit regarding your weight?

- A diet
- Accountability
- Understanding about what makes me fat
- Medication
- Evaluation of what is making me fat

Comments

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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.

Patient Readiness for Weight Management

What is hard about managing your weight?

- No will power
- I've always been overweight
- No exercise
- Schedule too busy
- Hungry all the time
- I don't like vegetables
- I'm a meat and potatoes person
- I'm addicted to sugar
- I like beer

Comments:

What can't you do now that you would like to do if you weighed less?

- Ride a bike
- Go bowling
- Play golf
- Go for walks
- Play with my grandchildren
- Get into my old clothes

Comments:

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Attributes of a Patient Ready to Change

Patients who possess certain attributes are typically ready to change their behaviors to promote weight loss. These attributes include:

- A strong desire and intent to change for clear, personal reasons
- A minimum of obstacles to change
- The requisite skills and self-confidence to make a change
- Positive feelings about change and the belief that it will result in meaningful benefit
- The perception that planned changes are congruent with self-image and social group norms
- Encouragement and support to change from valued persons

- **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 Readiness for Weight Management

What is hard about managing your weight?

- No will power
- I've always been overweight
- No exercise
- Schedule too busy
- Hungry all the time
- I don't like vegetables
- I'm a meat and potatoes person
- I'm addicted to sugar
- I like beer

Comments

How does being overweight affect you?

- Limits exercise
- Can't wear my clothes
- Tired all the time
- My knees hurt
- My back hurts
- I feel ugly

Comments

What can't you do now that you would like to do if you weighed less?

- Ride a bike
- Go bowling
- Play golf
- Go for walks
- Play with my grandchildren
- Get into my old clothes

Comments

What would you like to get out of this visit regarding your weight?

- A diet
- Accountability
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Comments

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Patient Readiness Checklist

Last Updated/Reviewed 11/30/2009

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Print Form

Motivation/Support

How important is it that you lose weight at this time?

- Not
- Not Very
- Somewhat
- Very Important
- Imperative

Have you tried to lose weight before?

- Yes
- No

What 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

Is your decision to lose weight your own or for someone else's?

- Mine
- My wife
- My husband
- My parents
- My friends

Is your family supportive?

- Yes
- No

Who, if anyone, is supportive of your decision to begin a weight loss program?

- My wife

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

Patient Readiness for Weight Management

What is hard about managing your weight?

- No will power
- I've always been overweight
- No exercise
- Schedule too busy
- Hungry all the time
- I don't like vegetables
- I'm a meat and potatoes person
- I'm addicted to sugar
- I like beer

Comments:

How does being overweight affect you?

- Limits exercise
- Can't wear my clothes

What can't you do now that you would like to do if you weighed less?

- Ride a bike
- Go bowling
- Play golf
- Go for walks
- Play with my grandchildren
- Get into my old clothes

Comments:

What would you like to get out of this visit regarding your weight?

- A diet
- Accountability

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- Attributes of Change
- Readiness Checklist
- Health Belief Model**
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Health Belief Model

The Health Belief Model posits that health behavior is a function of people's perceptions regarding their vulnerability to illness and of their perceived effectiveness of treatment. Behavior change is determined by whether people:

- Perceive themselves to be susceptible to a particular health problem
- Believe the problem is serious
- Believe that treatment/prevention is effective and not overly costly in regard to money, effort, or pain
- Are exposed to a cue to take health action

- **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.

Patient Readiness for Weight Management

What is hard about managing your weight?

- No will power
- I've always been overweight
- No exercise
- Schedule too busy
- Hungry all the time
- I don't like vegetables
- I'm a meat and potatoes person
- I'm addicted to sugar
- I like beer

Comments

How does being overweight affect you?

- Limits exercise
- Can't wear my clothes
- Tired all the time
- My knees hurt
- My back hurts
- I feel ugly

Comments

What can't you do now that you would like to do if you weighed less?

- Ride a bike
- Go bowling
- Play golf
- Go for walks
- Play with my grandchildren
- Get into my old clothes

Comments

What would you like to get out of this visit regarding your weight?

- A diet
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Comments

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Weight Loss Questionnaire

Last Updated/Reviewed 11/30/2009

- Is there a reason you are seeking treatment at this time?
- What are your goals about weight control and management?
- Your level of interest in losing weight is:
 1 2 3 4 5
 Not Interested Very Interested
- Are you ready for lifestyle changes to be a part of your weight control program?
 1 2 3 4 5
 Not Ready Very Ready
- How much support can your family provide?
 1 2 3 4 5
 No Support Much Support
- How much support can your friends provide?
 1 2 3 4 5
 No Support Much Support
- What is the hardest part about managing your weight?
- What do you believe will be the most helpful in helping you to lose weight?
- As best you can recall, what was your body weight at each of the following time points?
 Grade School Age 30-39
- What has been your lowest and highest body weight as an adult?
 Lowest Highest
- At what age did you start trying to lose weight?
- Please check all previous programs that you have tried in order to lose weight. Indicate dates and length of participation.

	Date	Duration (months)	Weight Lost
<input type="checkbox"/> Weight Watchers	//	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Overeaters Anonymous	//	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Liquid Diets	//	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Diet Pills (Meridia, Xenical)	//	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Diet Pills (phen-fen, redux)	//	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Nutrisystem/Jenny Craig	//	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> OTC Diet Pills	//	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Registered Dietician	//	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Obesity Surgery	//	<input type="text"/>	<input type="text"/>
- Have you maintained any weight loss for up to 1 year at any of these programs?
 Yes No
- What did you learn from these programs regarding your weight?
- What did not work about these programs?
- Have you ever been involved in physical activity programs to help with weight?
 Yes 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.

Patient Readiness for Weight Management

What is hard about managing your weight?

- No will power
- I've always been overweight
- No exercise
- Schedule too busy
- Hungry all the time
- I don't like vegetables
- I'm a meat and potatoes person
- I'm addicted to sugar
- I like beer

Comments

How does being overweight affect you?

- Limits exercise
- Can't wear my clothes
- Tired all the time
- My knees hurt
- My back hurts
- I feel ugly

Comments

What can't you do now that you would like to do if you weighed less?

- Ride a bike
- Go bowling
- Play golf
- Go for walks
- Play with my grandchildren
- Get into my old clothes

Comments

What would you like to get out of this visit regarding your weight?

- A diet
- Accountability
- Understanding about what makes me fat
- Medication
- Evaluation of what is making me fat

Comments

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Transtheoretical Model Stages of Change

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Transtheoretical Chart

<p>Select Disease Diabetes</p> <p>Select Characteristic Clear</p> <p><input checked="" type="radio"/> Unaware of Problem No Interest in Change</p> <p><input type="radio"/> Aware of Problem Beginning to Think of Change</p> <p><input type="radio"/> Realized Benefits of Making Change Thinking About How to Change</p> <p><input type="radio"/> Actively Taking Steps Toward Change</p> <p><input type="radio"/> Initial Treatment Goals Reached</p>	<p>-----OR-----</p>	<p>Stage Precontemplation</p> <p>Appropriate Intervention Provide information about health risks and benefits of diabetes and</p> <p>Sample Dialogue Would you like to read some information about the health aspects of diabetes?</p>
<p>Select Patient Verbal Cue Clear</p> <p><input type="radio"/> "I'm not really interested in my blood sugars. Its not a problem."</p> <p><input type="radio"/> "I know I need to control my sugar, but with all that's going on in my life right now, I'm not sure I can."</p> <p><input checked="" type="radio"/> "I have to get my diabetes under control, and I'm planning to do that."</p> <p><input type="radio"/> "I am doing my best. This is harder than I thought."</p> <p><input type="radio"/> "I've learned a lot through this process."</p>	<p>Stage Preparation</p> <p>Appropriate Intervention Teach behavior modification, provide education</p> <p>Sample Dialogue Let's take a closer look at how you can reduce your blood sugar and how to increase your activity during the day.</p>	

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.

Patient Readiness for Weight Management

What is hard about managing your weight?

- No will power
- I've always been overweight
- No exercise
- Schedule too busy
- Hungry all the time
- I don't like vegetables
- I'm a meat and potatoes person
- I'm addicted to sugar
- I like beer

Comments:

What can't you do now that you would like to do if you weighed less?

- Ride a bike
- Go bowling
- Play golf
- Go for walks
- Play with my grandchildren
- Get into my old clothes

Comments:

What would you like to get out of this visit regarding your weight?

- A diet
- Accountability
- Understanding about what makes me fat
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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.

Dietary Management of Weight

Eating Pattern Questionnaire

Diet Recommendations

Food and Exercise Diary

Teaching given on

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

Information (Auto-Print)

A Nutritional Primer

A Nutritional Primer II

A Nutritional Primer III

Calorie Content of Foods

Approach to Calorie Reduction

Food Weight Loss Tips

Serving Sizes

Meal Replacements

Foods to Remove

Glycemic 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

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Eating Pattern Questionnaire

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1. Do you follow a special diet?

- No
 Diabetic
 Low Sodium
 Low Fat
 Kosher
 Vegetarian

Other

2. Which meals do you eat regularly?

- Breakfast
 Brunch
 Lunch
 Dinner

3. When do you snack?

- Morning
 Afternoon
 Evening
 Late Night
 Throughout the day

What are your favorite snack foods?

4. Do you eat out or order food in?

- Yes No

How often?

- Daily Weekly Monthly

Other

5. How is your food usually prepared?

- Baked Fried
 Boiled Poached
 Broiled Steamed

Other

6. How many times per day do you have the following items?

- | | Times per day |
|---|----------------------|
| Starch
(Bread, bagel, roll, cereal,
pasta, rice, noodles, potatoes) | <input type="text"/> |
| Fruit | <input type="text"/> |
| Vegetables | <input type="text"/> |
| Dairy
(Milk, yogurt) | <input type="text"/> |
| Meat
(Fish, poultry, eggs, cheese) | <input type="text"/> |
| Fat
(Butter, margarine, mayonnaise,
oil, salad dressing, sour cream,
cream cheese) | <input type="text"/> |
| Sweets
(Candy, cake, regular soda, juice) | <input type="text"/> |

7. What beverages do you drink daily and how much?

- | | Times or 8 ounce glasses per day |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Water | <input type="text"/> |
| <input type="checkbox"/> Coffee | <input type="text"/> |
| <input type="checkbox"/> Tea | <input type="text"/> |
| <input type="checkbox"/> Soda | <input type="text"/> |
| <input type="checkbox"/> Alcohol | <input type="text"/> |
| Other <input type="text"/> | <input type="text"/> |

8. Would you like to change your eating habits?

- Yes No

What habits would you like to begin to change?

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

Dietary Management of Weight

Eating Pattern Questionnaire

Diet Recommendations

Food and Exercise Diary

Information (Auto-Print)

A Nutritional Primer

A Nutritional Primer II

A Nutritional Primer III

Calorie Content of Foods

Approach to Calorie Reduction

Food Weight Loss Tips

Sample Menu

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Teaching given on

Definitions of BMI, BMR, Body Fat, etc.

Dm Wm Balanceddiet

Recommendations for a Well-Balanced Diet

A healthy diet low in calories and has a good balance between the different food groups. Follow these recommendations to help balance your diet.

- Eat at least five to nine servings of fruit and vegetables per day.
- Eat 25-30 grams of fiber per day (from fruits, vegetables, beans, whole grain breads, pastas, and cereals).
- Choose whole grain instead of refined, processed carbohydrates.
- Drink at least 64 ounces of water each day.
- Eat at least two servings of low-fat dairy each day (low-fat milk, cheese, etc.)
- Choose more low-fat sources of protein (such as skinless chicken, turkey, or soy products) while choosing leaner cuts of beef and pork.
- Eat fish at least two times per week.
- Limit sodium intake to 2,400 milligrams per day or less.
- Eat range fed beef and chicken when available.
- Eat Buffalo meat when possible.
- Avoid mashed potatoes, bread and other high Glycemic foods. High Glycemic foods will increase your hunger.

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

Dietary Management of Weight

- Eating Pattern Questionnaire
- Diet Recommendations
- Food and Exercise Diary**

Teaching given on

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

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- A Nutritional Primer
- A Nutritional Primer II
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- Calorie Content of Foods**
- Approach to Calorie Reduction
- Food Weight Loss Tips
- Serving Sizes
- Meal Replacements
- Foods to Remove
- Glycemic 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

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Food and Exercise Diary

Date of Diary

	Calories	Fat (g)	Carbs (g)	Protein (g)
Foods Eaten				
Breakfast <input style="width: 90%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Snack <input style="width: 90%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lunch <input style="width: 90%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Snack <input style="width: 90%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dinner <input style="width: 90%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Snack <input style="width: 90%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments

Number of 8 ounce glasses of water consumed

Exercise (Activities)

Duration minutes

Distance miles

Overeating

I overate because...

I was sad

I was angry

I was depressed

I was lonely

I was bored

I ate while watching TV

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

Dietary Management of Weight

Eating Pattern Questionnaire
Diet Recommendations <input checked="" type="checkbox"/>
Food and Exercise Diary <input checked="" type="checkbox"/>

Information (Auto-Print)

A Nutritional Primer
A Nutritional Primer II
A Nutritional Primer III
Calorie Content of Foods
Approach to Calorie Reduction
Food Weight Loss Tips
Serving Sizes
Meal Replacements
Foods to Remove
Glycemic 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

Navigation

WM Master
Physician Role
Evaluation <input checked="" type="checkbox"/>
Readiness <input checked="" type="checkbox"/>
Physical Activity
Medication
Surgery
Follow Up

Teaching given on

- Definitions of BMI, BMR, Body Fat, etc.
- Carbohydrates
- Insulin
- Glycemic Level
- Glycemic Load
- Hunger, Triggers to
- Hunger, Between Meals
- Cholecystekinin and Fat
- Foods to Eliminate from Pantry - Shopping for wieght loss
- Hope, Health, and Success in 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

Dietary Management of Weight

Eating Pattern Questionnaire
Diet Recommendations <input checked="" type="checkbox"/>
Food and Exercise Diary <input checked="" type="checkbox"/>

Teaching given on

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

Information (Auto-Print)

A Nutritional Primer
A Nutritional Primer II
A Nutritional Primer III

Calorie Content of Foods

Approach to Calorie Reduction
Food Weight Loss Tips
Serving Sizes
Meal Replacements
Foods to Remove

Glycemic 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

Navigation

WM Master
Physician Role
Evaluation <input checked="" type="checkbox"/>
Readiness <input checked="" type="checkbox"/>
Physical Activity
Medication
Surgery
Follow Up

Column 3 –

Navigation Buttons

Dietary Management of Weight

Eating Pattern Questionnaire
Diet Recommendations <input checked="" type="checkbox"/>
Food and Exercise Diary <input checked="" type="checkbox"/>

Teaching given on

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

Information (Auto-Print)

A Nutritional Primer
A Nutritional Primer II
A Nutritional Primer III
Calorie Content of Foods
Approach to Calorie Reduction
Food Weight Loss Tips
Serving Sizes
Meal Replacements
Foods to Remove
Glycemic 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

Navigation

WM Master
Physician Role
Evaluation <input checked="" type="checkbox"/>
Readiness <input checked="" type="checkbox"/>
Physical Activity
Medication
Surgery
Follow Up

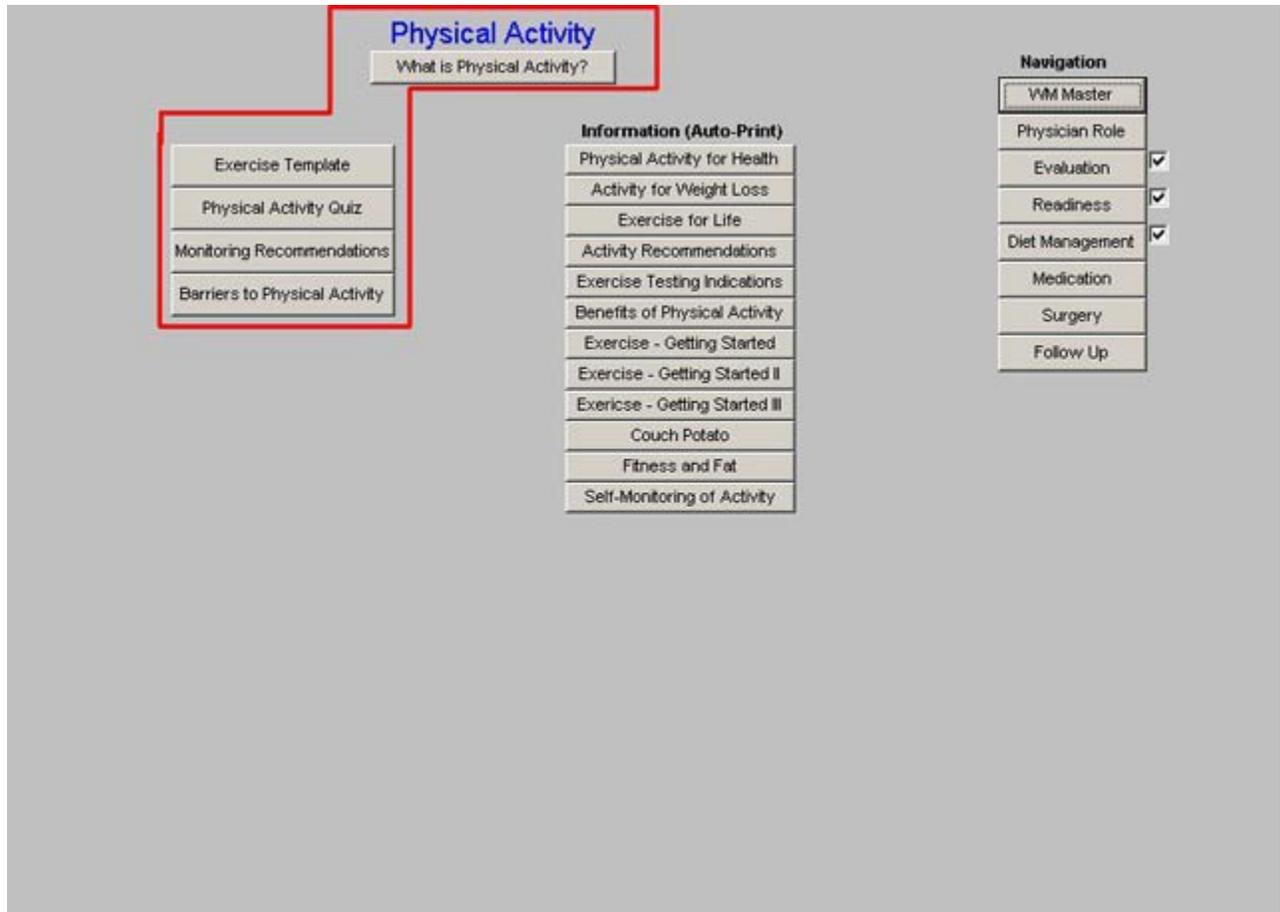
Physical Activity Template

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 [Exercise Prescription](#) 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 [Diabetes Exercise](#) tutor. If the patient has CHF, the CHF Exercise Template would be more appropriate. For details on how to use this template, see the [CHF Exercise](#) 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

Physical Activity

What is Physical Activity?

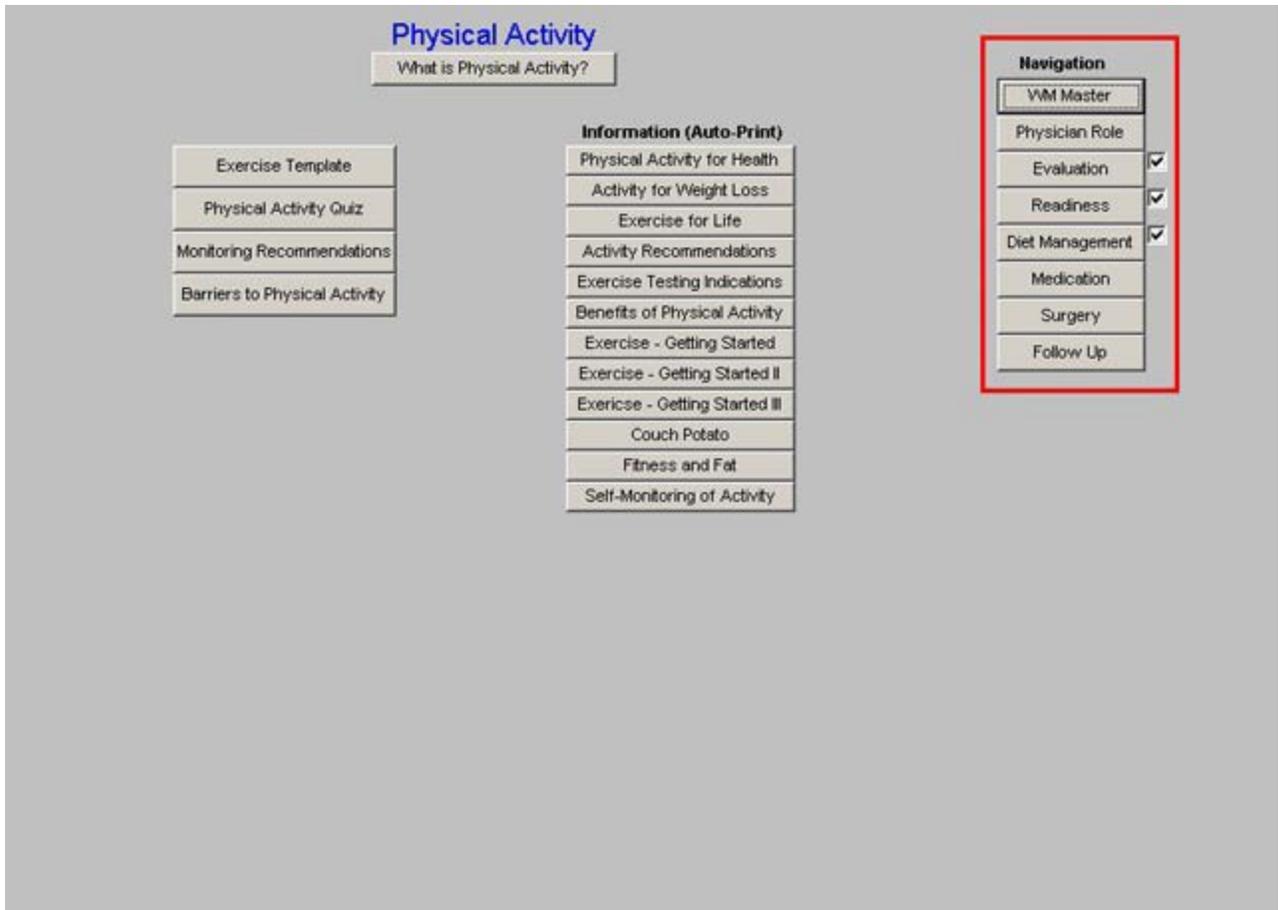
Exercise Template
Physical Activity Quiz
Monitoring Recommendations
Barriers to Physical Activity

Information (Auto-Print)
Physical Activity for Health
Activity for Weight Loss
Exercise for Life
Activity Recommendations
Exercise Testing Indications
Benefits of Physical Activity
Exercise - Getting Started
Exercise - Getting Started II
Exercise - Getting Started III
Couch Potato
Fitness and Fat
Self-Monitoring of Activity

Navigation
WM Master
Physician Role
Evaluation <input checked="" type="checkbox"/>
Readiness <input checked="" type="checkbox"/>
Diet Management <input checked="" type="checkbox"/>
Medication
Surgery
Follow Up

Column 3 –

Navigation



Medication Template

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

Weight Management

[Edit Program](#)

Risk Factors

Patient:
 Age: Sex:

Cardiovascular

- Hypertension
- Congestive Heart Failure
- Cor pulmonale
- Varicose Veins
- Pulmonary Embolism
- Coronary Artery Disease

Endocrine

- [Metabolic Syndrome](#)
- Type II Diabetes
- Dyslipidemia

Gastrointestinal

- Gastroesophageal Reflux Disease (GERD)
- Non-Alcoholic Fatty Liver
- Cholelithiasis
- Hernias
- Colon Cancer

Genitourinary

- Urinary Stress Incontinence
- Obesity-Related Glomerulopathy
- Hypogonadism (male)

Integumentary

- Striae Distensae (Stretch Marks)
- Status Pigmentation of Legs
- Lymphedema
- Cellulitis
- Intertrigo, Carbuncles
- Acanthosis Nigricans, Skin Tags

Musculoskeletal

- Hyperuricemia and Gout
- Immobility
- Osteoarthritis (Knees, Hips)
- Low Back Pain

Neurologic

- Stroke
- Idiopathic Intracranial Hypertension
- [Meralgia Paresthetica](#)

Psychological

- Depression/Low Self Esteem
- Body Image Disturbance
- Social Stigmatization

Respiratory

- Dyspnea
- Obstructive Sleep Apnea
- Hypoventilation Syndrome
- Pickwickian Syndrome
- Asthma

Height: in
 Weight: lbs
 Waist: in
 Hips: in
 Neck: in

Blood Pressure: /

Risk Ratio:
 Body Fat: %
 Protein Req: g/day
 BMR: cal/day
 BMI:

Moderately Obese - Class II

Disease Risk Level
 Assessment
 Treatment

Navigation

WM General

-
-
-
-
-
-
-
-
-
-

Information (Auto-Print)

-
-
-
-
-
-
-

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

Medication Management of Weight Loss

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

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

Medication Management of Weight Loss

<p>Who should be considered for medication therapy? <input type="button" value="Print"/></p> <p><input checked="" type="checkbox"/> Obese patients with a BMI greater than or equal to 30.</p> <p><input checked="" type="checkbox"/> Overweight patients with a BMI greater than or equal to 27 and obesity-related risk factors or diseases such as hypertension, diabetes, or dyslipidemia.</p> <p>However, the BMI threshold is one part of the criteria for medication treatment. For patients who meet the BMI criteria, pharmacology should be considered only if they:</p> <p><input type="checkbox"/> Will be taking the medication in conjunction with an overall weight management program, including a reduced calorie diet and increased physical activity.</p> <p><input type="checkbox"/> Have realistic expectations of medication therapy.</p> <p><input type="checkbox"/> Do not have other medications or take other medications that are a contraindication for obesity drugs.</p> <p>When should medication therapy be considered? <input type="button" value="Print"/></p> <p><input type="checkbox"/> When patients are unable to achieve weight loss despite their best use of lifestyle approaches to diet, physical activity, and behavioral changes.</p> <p><input type="checkbox"/> When patient weight plateaus before goal weight is attained. In this case, medication may potentiate weight loss by augmenting satiety/reducing hunger signals or reducing fat absorption.</p>	<p>Physician Info (Auto-Print)</p> <table border="1"><tr><td>Weight Loss Meds</td></tr><tr><td>Guide to Meds</td></tr><tr><td>Sibutramine</td></tr><tr><td>Orlistat</td></tr><tr><td>Xenical and Vitamins</td></tr><tr><td>Xenical and Cyclosporine</td></tr><tr><td>Phentermine</td></tr></table> <p>Patient Info (Auto-Print)</p> <table border="1"><tr><td>Sibutramine</td></tr><tr><td>Orlistat</td></tr><tr><td>Phentermine</td></tr></table> <p>Medications</p> <table><tr><td><input type="checkbox"/> Sibutramine</td><td><input type="text"/></td><td>mg</td><td><input type="text"/></td></tr><tr><td><input type="checkbox"/> Orlistat</td><td><input type="text"/></td><td>mg</td><td><input type="text"/></td></tr><tr><td><input type="checkbox"/> Phentermine</td><td><input type="text"/></td><td>mg</td><td><input type="text"/></td></tr></table> <p>Double-Click to Add Meds</p> <table border="1"><tr><td>Brand Name</td></tr><tr><td><input type="text"/></td></tr><tr><td><input type="text"/></td></tr></table>	Weight Loss Meds	Guide to Meds	Sibutramine	Orlistat	Xenical and Vitamins	Xenical and Cyclosporine	Phentermine	Sibutramine	Orlistat	Phentermine	<input type="checkbox"/> Sibutramine	<input type="text"/>	mg	<input type="text"/>	<input type="checkbox"/> Orlistat	<input type="text"/>	mg	<input type="text"/>	<input type="checkbox"/> Phentermine	<input type="text"/>	mg	<input type="text"/>	Brand Name	<input type="text"/>	<input type="text"/>	<p>Navigation</p> <table border="1"><tr><td>VWM Master</td></tr><tr><td>Physician Role</td></tr><tr><td>Evaluation <input checked="" type="checkbox"/></td></tr><tr><td>Readiness <input checked="" type="checkbox"/></td></tr><tr><td>Diet Management <input checked="" type="checkbox"/></td></tr><tr><td>Physical Activity <input checked="" type="checkbox"/></td></tr><tr><td>Surgery</td></tr><tr><td>Follow Up</td></tr></table>	VWM Master	Physician Role	Evaluation <input checked="" type="checkbox"/>	Readiness <input checked="" type="checkbox"/>	Diet Management <input checked="" type="checkbox"/>	Physical Activity <input checked="" type="checkbox"/>	Surgery	Follow Up
Weight Loss Meds																																			
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Surgery																																			
Follow Up																																			

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.

Medication Management of Weight Loss

<p>Who should be considered for medication therapy? <input type="button" value="Print"/></p> <p><input checked="" type="checkbox"/> Obese patients with a BMI greater than or equal to 30.</p> <p><input checked="" type="checkbox"/> Overweight patients with a BMI greater than or equal to 27 and obesity-related risk factors or diseases such as hypertension, diabetes, or dyslipidemia.</p> <p>However, the BMI threshold is one part of the criteria for medication treatment. For patients who meet the BMI criteria, pharmacology should be considered only if they:</p> <p><input type="checkbox"/> Will be taking the medication in conjunction with an overall weight management program, including a reduced calorie diet and increased physical activity.</p> <p><input type="checkbox"/> Have realistic expectations of medication therapy.</p> <p><input type="checkbox"/> Do not have other medications or take other medications that are a contraindication for obesity drugs.</p>	<p>Physician Info (Auto-Print)</p> <p>Weight Loss Meds</p> <p>Guide to Meds</p> <p>Sibutramine</p> <p>Orlistat</p> <p>Xenical and Vitamins</p> <p>Xenical and Cyclosporine</p> <p>Phentermine</p> <p>Patient Info (Auto-Print)</p> <p>Sibutramine</p> <p>Orlistat</p> <p>Phentermine</p> <p>Medications</p> <p><input type="checkbox"/> Sibutramine <input type="text"/> mg <input type="text"/></p> <p><input type="checkbox"/> Orlistat <input type="text"/> mg <input type="text"/></p> <p><input type="checkbox"/> Phentermine <input type="text"/> mg <input type="text"/></p> <p>Double-Click to Add Meds</p> <p>Brand Name</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>Navigation</p> <p>VM Master</p> <p>Physician Role</p> <p>Evaluation <input checked="" type="checkbox"/></p> <p>Readiness <input checked="" type="checkbox"/></p> <p>Diet Management <input checked="" type="checkbox"/></p> <p>Physical Activity <input checked="" type="checkbox"/></p> <p>Surgery</p> <p>Follow Up</p>
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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

Medication Management of Weight Loss

Who should be considered for medication therapy? [Print](#)

- Obese patients with a BMI greater than or equal to 30.
- Overweight patients with a BMI greater than or equal to 27 and obesity-related risk factors or diseases such as hypertension, diabetes, or dyslipidemia.

However, the BMI threshold is one part of the criteria for medication treatment. For patients who meet the BMI criteria, pharmacology should be considered only if they:

- Will be taking the medication in conjunction with an overall weight management program, including a reduced calorie diet and increased physical activity.
- Have realistic expectations of medication therapy.
- Do not have other medications or take other medications that are a contraindication for obesity drugs.

When should medication therapy be considered? [Print](#)

- When patients are unable to achieve weight loss despite their best use of lifestyle approaches to diet, physical activity, and behavioral changes.
- When patient weight plateaus before goal weight is attained. In this case, medication may potentiate weight loss by augmenting satiety/reducing hunger signals or reducing fat absorption.

Physician Info (Auto-Print)

Weight Loss Meds
Guide to Meds
Sibutramine
Orlistat
Xenical and Vitamins
Xenical and Cyclosporine
Phentermine

Patient Info (Auto-Print)

Sibutramine
Orlistat
Phentermine

Navigation

WM Master
Physician Role
Evaluation
Readiness
Diet Management
Physical Activity
Surgery
Follow Up

Medications

Sibutramine mg
 Orlistat mg
 Phentermine mg

Double-Click to Add Meds

Brand Name

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

Medication Management of Weight Loss

Dm Wm Sibutramine [X]

Contraindications for Sibutramine

Review the following contraindications for this patient.

Cardiovascular

Arrhythmias

Congestive Heart Failure

Coronary Artery Disease

Uncontrolled Hypertension

Gastroenterology

Hepatic Dysfunction

Neurological

Seizures

Stroke

Renal

Severe Renal Impairment

Medications

Phentermine

MAOI Treatment

SSRI Treatment

Sibutramine is NOT an acceptable drug for this patient.

Physician Info (Auto-Print)

Weight Loss Meds

Guide to Meds

Sibutramine

Orlistat

Xenical and Vitamins

Xenical and Cyclosporine

Phentermine

Patient Info (Auto-Print)

Sibutramine

Orlistat

Phentermine

Medications

Sibutramine mg

Orlistat mg

Phentermine mg

Double-Click to Add Meds

Brand Name

Navigation

VWM Master

Physician Role

Evaluation

Readiness

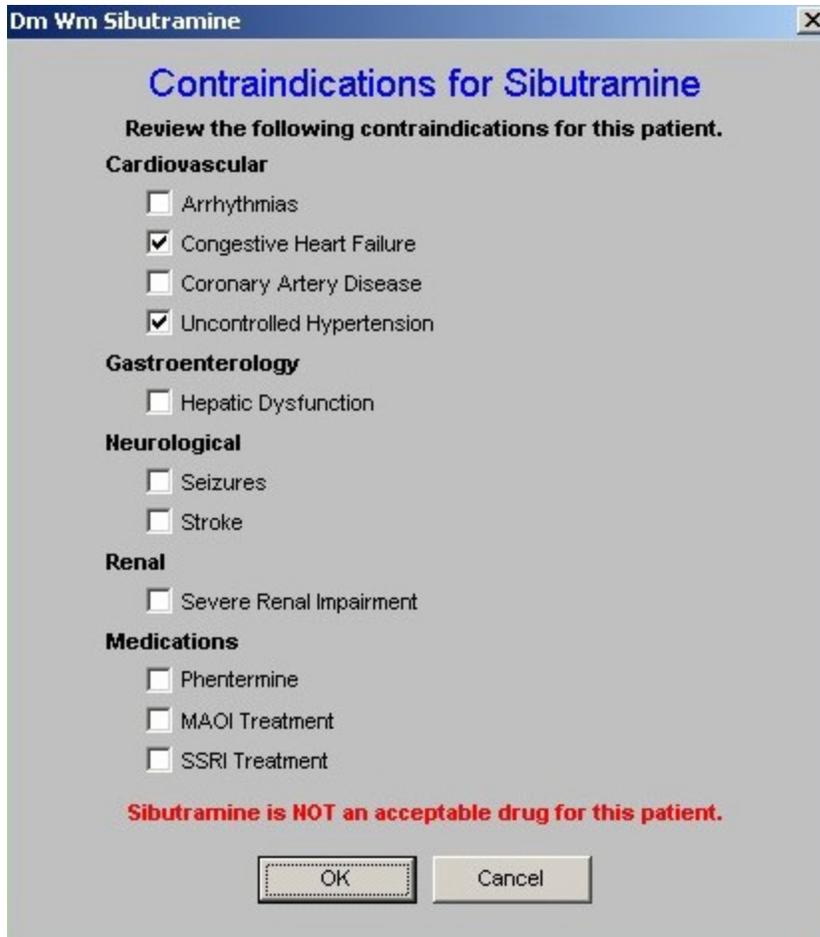
Diet Management

Physical Activity

Surgery

Follow Up

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."



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:

Medication Management of Weight Loss

Who should be considered for medication therapy? Print

- Obese patients with a BMI greater than or equal to 30.
- Overweight patients with a BMI greater than or equal to 27 and obesity-related risk factors or diseases such as hypertension, diabetes, or dyslipidemia.

However, the BMI threshold is one part of the criteria for medication therapy.

Physician Info (Auto-Print)

- Weight Loss Meds
- Guide to Meds
- Sibutramine
- Orlistat
- Xenical and Vitamins
- Xenical and Cyclosporine
- Phentermine

Patient Info (Auto-Print)

- Sibutramine
- Orlistat
- Phentermine

Medications

Sibutramine mg

Orlistat mg

Phentermine mg

Double-Click to Add Meds

Brand Name

Navigation

- WM Master
- Physician Role
- Evaluation
- Readiness
- Diet Management
- Physical Activity
- Surgery
- Follow Up

Dm Wm Orlistat [X]

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.

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

Dm Wm Orlistat [X]

Contraindications for Orlistat

Review the following contraindications for this patient.

Gastroenterology

Chronic Malabsorption Syndrome

Medications

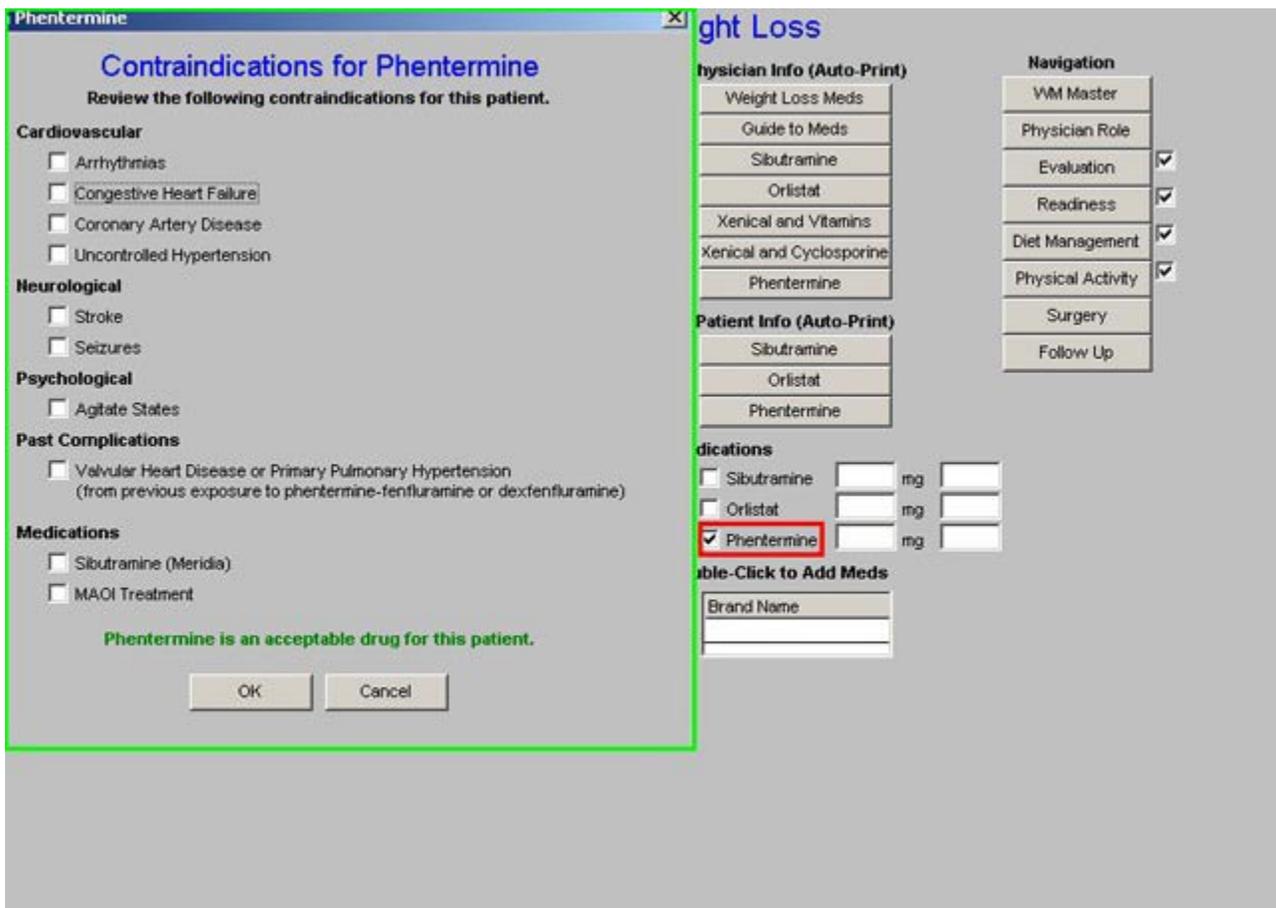
Lipophilics, particularly cyclosporine
If patients still choose to take orlistat, cyclosporine should be taken at least 2 hours before and after orlistat.

Orlistat is NOT an acceptable drug for this patient.

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



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



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

Dm Wm Phentermine

Contraindications for Phentermine
Review the following contraindications for this patient.

Cardiovascular

- Arrhythmias
- Congestive Heart Failure
- Coronary Artery Disease
- Uncontrolled Hypertension

Neurological

- Stroke
- Seizures

Psychological

- Agitate States

Past Complications

- Valvular Heart Disease or Primary Pulmonary Hypertension
(from previous exposure to phentermine-fenfluramine or dexfenfluramine)

Medications

- 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**

Weight Management

[Edit Program](#)

Risk Factors

Patient: Greg Test Jr
 Age: Sex:

Cardiovascular

- Hypertension
- Congestive Heart Failure
- Cor pulmonale
- Varicose Veins
- Pulmonary Embolism
- Coronary Artery Disease

Integumentary

- Striae Distensae (Stretch Marks)
- Status Pigmentation of Legs
- Lymphedema
- Cellulitis
- Intertrigo, Carbuncles
- Acanthosis Nigricans, Skin Tags

Endocrine

- [Metabolic Syndrome](#)
- Type II Diabetes
- Dyslipidemia

Musculoskeletal

- Hyperuricemia and Gout
- Immobility
- Osteoarthritis (Knees, Hips)
- Low Back Pain

Gastrointestinal

- Gastroesophageal Reflux Disease (GERD)
- Non-Alcoholic Fatty Liver
- Cholelithiasis
- Hernias
- Colon Cancer

Neurologic

- Stroke
- Idiopathic Intracranial Hypertension
- [Meralgia Paresthetica](#)

Psychological

- Depression/Low Self Esteem
- Body Image Disturbance
- Social Stigmatization

Respiratory

- Dyspnea
- Obstructive Sleep Apnea
- Hypoventilation Syndrome
- Pickwickian Syndrome
- Asthma

Genitourinary

- Urinary Stress Incontinence
- Obesity-Related Glomerulopathy
- Hypogonadism (male)

Height: 63.00 in
 Weight: 100.00 lbs
 Waist: 50.00 in
 Hips: 60.00 in
 Neck: 16.0 in
 Blood Pressure: /
 Risk Ratio: .83
 Body Fat: 30 %
 Protein Req: 54 g/day
 BMR: cal/day
 BMI: 35.14

Moderately Obese - Class II

Disease Risk Level

Assessment

Treatment

Navigation

WM General

-
-
- Evaluation
- Readiness
- Diet Management
- Physical Activity
- Medication
- Surgery**
- Follow Up
-

Information (Auto-Print)

-
-
-
-
-
-
-

When should surgery be considered for weight management?

Surgical Management of Obesity

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 bulimia nervosa
- Demonstrated adherence to medical recommendations (e.g.; taking medication, keeping follow-up appointments, agreeing to laboratory testing).

Navigation

WM Master	
Physician Role	
Evaluation	<input checked="" type="checkbox"/>
Readiness	<input checked="" type="checkbox"/>
Diet Management	<input checked="" type="checkbox"/>
Physical Activity	<input checked="" type="checkbox"/>
Medication	<input checked="" type="checkbox"/>
Follow Up	

Information (Auto-Print)

What Operations are Performed?
Risks/Benefits of Surgery
Who Should be Involved?

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

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

Surgical Management of Obesity

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Medication	<input checked="" type="checkbox"/>
Follow Up	

Information (Auto-Print)

What Operations are Performed?
Risks/Benefits of Surgery
Who Should be Involved?

Right Hand Column

Navigation Buttons

Surgical Management of Obesity

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Follow Up	

Information (Auto-Print)

What Operations are Performed?
Risks/Benefits of Surgery
Who Should be Involved?

Surgical Management of Obesity

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Physical Activity	<input checked="" type="checkbox"/>
Medication	<input checked="" type="checkbox"/>
Follow Up	

Information (Auto-Print)

What Operations are Performed?
Risks/Benefits of Surgery
Who Should be Involved?

Follow-up Template

Weight Management

[Edit Program](#)

Risk Factors

Patient:
 Age: Sex:

Cardiovascular

- Hypertension
- Congestive Heart Failure
- Cor pulmonale
- Varicose Veins
- Pulmonary Embolism
- Coronary Artery Disease

Endocrine

- [Metabolic Syndrome](#)
- Type II Diabetes
- Dyslipidemia

Gastrointestinal

- Gastroesophageal Reflux Disease (GERD)
- Non-Alcoholic Fatty Liver
- Cholelithiasis
- Hernias
- Colon Cancer

Genitourinary

- Urinary Stress Incontinence
- Obesity-Related Glomerulopathy
- Hypogonadism (male)

Integumentary

- Striae Distensae (Stretch Marks)
- Status Pigmentation of Legs
- Lymphedema
- Cellulitis
- Intertrigo, Carbuncles
- Acanthosis Nigricans, Skin Tags

Musculoskeletal

- Hyperuricemia and Gout
- Immobility
- Osteoarthritis (Knees, Hips)
- Low Back Pain

Neurologic

- Stroke
- Idiopathic Intracranial Hypertension
- [Meralgia Paresthetica](#)

Psychological

- Depression/Low Self Esteem
- Body Image Disturbance
- Social Stigmatization

Respiratory

- Dyspnea
- Obstructive Sleep Apnea
- Hypoventilation Syndrome
- Pickwickian Syndrome
- Asthma

Height: in

Weight: lbs

Waist: in

Hips: in

Neck: in

Blood Pressure: /

Risk Ratio:

Body Fat: %

Protein Req: g/day

BMR: cal/day

BMI:

Moderately Obese - Class II

Disease Risk Level: [Calc](#)

Assessment: [Calc](#)

Treatment: [Calc](#)

[Print Assessment](#)

Navigation

WM General

- [Home](#)
- [Physician Role](#)
- [Evaluation](#)
- [Readiness](#)
- [Diet Management](#)
- [Physical Activity](#)
- [Medication](#)
- [Surgery](#)
- [Follow Up](#)
- [Document](#)

Information (Auto-Print)

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

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

Continuing Plan of Care

What To Do At Followup Visits

Reviewed Current Weight

Start Weight Total Loss

Target Weight **Pounds Left to Lose**

Today's Weight

Congratulate patient on weight loss, if achieved

VM Master

Physician Role

Evaluation

Readiness

Diet Management

Physical Activity

Medication

Surgery

Document

Follow Up Doc

Plan Template

Review Compliance with Previous Directives

Reduced total calories successfully

Maintained exercise program

Calorie Dense Foods

Shopping Habits

Challenges of Dieting

Eating Out

Improvements

New Directives for Weight Management

Maintain Diet Modifications

Limit Calories

Increase Exercise

Add stretching to workout

Add weights to workout

Set a goal of pounds/week weight loss

Call nurse with weekly progress reports on

exercise weight loss

diet problems

Follow Up

When it is depressed, the following instructions appear:



SETMA I - 2929 Calder, Suite 100
SETMA II - 3570 College, Suite 200
SETMA West - 2010 Dowlen
(409) 833-9797
www.setma.com

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.

Continuing Plan of Care

What To Do At Followup Visits

Reviewed Current Weight

Start Weight <input style="width: 50px;" type="text" value="145"/>	Total Loss <input style="width: 50px;" type="text" value="45"/>
Target Weight <input style="width: 50px;" type="text" value="132"/>	Pounds Left to Lose <input style="width: 50px;" type="text" value="-32"/>
Today's Weight <input style="width: 50px;" type="text" value="100.00"/>	

 Congratulate patient on weight loss, if achieved

Review Compliance with Previous Directives

 Reduced total calories successfully
 Maintained exercise program

Calorie Dense Foods
Shopping Habits
Challenges of Dieting
Eating Out
Improvements

New Directives for Weight Management

 Maintain Diet Modifications
 Limit Calories
 Increase Exercise
 Add stretching to workout
 Add weights to workout
 Set a goal of pounds/week weight loss
 Call nurse with weekly progress reports on
 exercise weight loss
 diet problems

VM Master
Physician Role
Evaluation <input checked="" type="checkbox"/>
Readiness <input checked="" type="checkbox"/>
Diet Management <input checked="" type="checkbox"/>
Physical Activity <input checked="" type="checkbox"/>
Medication <input checked="" type="checkbox"/>
Surgery <input checked="" type="checkbox"/>
Document
Follow Up Doc
Plan Template

Follow Up

Congratulate Patient on weight loss, if achieved.

Review Compliance with Previous Directives

- Reduced Total Calories successfully
- Maintained exercise program

Continuing Plan of Care

What To Do At Followup Visits

Reviewed Current Weight

Start Weight Total Loss

Target Weight **Pounds Left to Lose**

Today's Weight

Congratulate patient on weight loss, if achieved

VM Master

Physician Role

Evaluation

Readiness

Diet Management

Physical Activity

Medication

Surgery

Document

Follow Up Doc

Plan Template

Review Compliance with Previous Directives

Reduced total calories successfully

Maintained exercise program

Calorie Dense Foods

Shopping Habits

Challenges of Dieting

Eating Out

Improvements

New Directives for Weight Management

Maintain Diet Modifications

Limit Calories

Increase Exercise

Add stretching to workout

Add weights to workout

Set a goal of pounds/week weight loss

Call nurse with weekly progress reports on

exercise weight loss

diet problems

Follow Up

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

Continuing Plan of Care

What To Do At Followup Visits

Reviewed Current Weight

Start Weight Total Loss

Target Weight Pounds Left to Lose

Today's Weight

Congratulate patient on weight loss.

Review Compliance with Previous Directives

Reduced total calories successfully

Maintained exercise program

Calorie Dense Foods

Shopping Habits

Challenges of Dieting

Eating Out

Improvements

Dm Wm Plandense [X]

Calorie Dense Foods

Eliminated calorie dense foods, such as

cookies

candy

cakes

ice cream

fried foods

Eliminated nutritional worthless, calorie dense foods

sugared drinks

alcohol

Other

WM Master

Physician Role

Evaluation

Readiness

Diet Management

Physical Activity

Medication

Surgery

Document

Follow Up Doc

Plan Template

- Shopping Habits

Continuing Plan of Care

What To Do At Followup Visits

Reviewed Current Weight

Start Weight Total Loss

Target Weight Pounds Left to Lose

Today's Weight

Congratulate patient on weight loss, if achieved

Review Compliance with Previous Direct

Reduced total calories successfully

Maintained exercise program

Calorie Dense Foods

Shopping Habits

Challenges of Dieting

Eating Out

Improvements

Shopping Habits

Changed shopping habits

- increased fresh vegetables
- avoided fatty meats
- decreased processed foods
- eliminated calorie dense snacks
- increased fibrous whole-food fruits
- decreased non-fibrous fruits

Other

WM Master

Physician Role

Evaluation

Readiness

Diet Management

Physical Activity

Medication

Surgery

Document

Follow Up Doc

Plan Template

- Challenges of dieting

Continuing Plan of Care

What To Do At Followup Visits

Reviewed Current Weight
 Start Weight
 Target Weight
 Today's Weight
 Congratulate patient on weight lo

Total Loss
Pounds Left to Lose

Reduced total calories successfully
 Maintained exercise program

Review Compliance with Previous Directives
 Reduced total calories successfully
 Maintained exercise program

Challenges to Maintaining Diet

Discussed challenges to maintaining diet

- parties
- family celebrations
- night time snacking
- bingeing on weekends
- depression
- addiction to carbohydrates
- eating while watching tv
- irregular schedule
- taste of foods

Other

- Eating Out

Continuing Plan of Care

What To Do At Followup Visits

Reviewed Current Weight
 Start Weight Total Loss
 Target Weight **Pounds Left to Lose**
 Today's Weight
 Congratulate patient

WM Master
 Physician Role
 Evaluation
 Readiness
 Diet Management
 Physical Activity
 Medication
 Surgery

Review Compliance with Previous

Reduced total calories success
 Maintained exercise program

Calorie Dense Foods
 Shopping Habits
 Challenges of Dieting
Eating Out
 Improvements

Eating Out

Eating out with successful modification of types of foods eaten

- desserts avoided
- breads eliminated
- avoided restaurants that cause overeating
- requests foods prepared with olive oil instead of animal fats
- french fries and mashed potatoes eliminated
- fast foods avoided
- portion sizes decreased

Other

Document
Follow Up Doc
 Plan Template

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

Continuing Plan of Care

What To Do At Followup Visits

Reviewed Current Weight

Start Weight Total Loss
 Target Weight Pounds Left to Lose
 Today's Weight

Congratulate patient on weight loss

Review Compliance with Previous Directives

Reduced total calories successfully
 Maintained exercise program

Dm Wm Planimprv [X]

Improvements

My weight loss has improved my

energy
 endurance
 self esteem
 work productivity
 sleep
 mood
 blood pressure

Follow Up

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:

Continuing Plan of Care

What To Do At Followup Visits

Reviewed Current Weight

Start Weight Total Loss
 Target Weight **Pounds Left to Lose**
 Today's Weight

Congratulate patient on weight loss, if achieved

Review Compliance with Previous Directives

Reduced total calories successfully
 Maintained exercise program

Calorie Dense Foods
 Shopping Habits
 Challenges of Dieting
 Eating Out
 Improvements

New Directives for Weight Management

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 Set a goal of pounds/week weight loss
 Call nurse with weekly progress reports on
 exercise weight loss
 diet problems

VM Master
 Physician Role
 Evaluation
 Readiness
 Diet Management
 Physical Activity
 Medication
 Surgery

Document
Follow Up Doc
 Plan Template

Follow Up

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 [Master GP](#) tutor.

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

Continuing Plan of Care

What To Do At Followup Visits

Reviewed Current Weight

Start Weight

Total Loss

Target Weight

Pounds Left to Lose

Today's Weight

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Reduced total calories successfully

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Follow Up Doc

Plan Template

Follow Up