RM#:
MA Initials:

Weight Loss Intake Sheet

NAME: **DOS:** **GOAL WEIGHT:**
DOB: **Age:**

SUBJECTIVE:

[ ] DOING WELL.	[ ]water intake _____oz/day	[ ]sleep ____hrs/day
[ ] CHALLENGES:	[ ]exercise _____min/day	[ ]
[ ]	[ ]elevated stress yes no	[ ]
[ ]	[ ]carbs _____grms/day	

CURRENT MEDICATIONS/TREATMENTS:

[ ] B12/Lipo	[ ]phentermine 37.5 QD past____months	[ ]
[ ]	[ ]topamax 25mg QD	[ ]
[ ] No Medications	[ ]meal replacement packs	[ ]

OBJECTIVE:
VITALS: BP: PULSE: TEMP:
PREVIOUS WEIGHT: lbs **CURRENT WEIGHT:** lbs **GOAL WEIGHT:** lbs
WAIST CIRCUMFERENCE: INCHES

		ABNORMAL
HEENT:	NL	
HEART:	RRR	
LUNGS:	CTA	
ABDOMEN:	SOFT, NT	
MSK:	NL JOINTS	
MUSCULAR:	GOOD MUSCULAR TONE	
NEURO:	REFLEXES NORMAL	
SKIN:	NORMAL, NO RASHES	
HAIR	NORMAL	

ASSESSMENT/PLAN:

[ ] doing well.	[ ] doing poorly	[ ]
[ ] increase water intake (½ WEIGHT)	[ ] strong cravings	[ ]
[ ] decrease carbs	[ ] poor carb control	[ ]
[ ] decrease food past 6pm	[ ] unable to exercise	[ ]
[ ] myfitness pal/calorie counting	[ ]	[ ]
[ ] cont B12/Lipo	[ ]	[ ]
[ ] rec Vit D	[ ]	[ ]
[ ] rec Probiotic	[ ]	[ ]
[ ] cont phentermine	[ ]	[ ]
[ ] needs hormone evaluation	[ ]	[ ]
[ ] labs	[ ]	[ ]
[ ] positive attitude	[ ] poor attitude	[ ]
[ ]	[ ]	[ ]
[ ]	[ ]	[ ]
[ ]	[ ]	[ ] sigd wt loss consent