

# Medically Supervised Weight Loss

(To be completed by physician for medically supervised weight loss)



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Henderson, NV 89014  
o: 702-463-3300  
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Date of Visit: \_\_\_\_\_

Patient: \_\_\_\_\_

Beginning Weight: \_\_\_\_\_

Current Weight: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Current BMI: \_\_\_\_\_

Weight Loss/Gain: \_\_\_\_\_

List Obesity Related Co-morbidities:

List Current Medications:

Nutrition & Diet Education Discussed:

Exercise/Activity Education Discussed:

Behavior & Diet Goals for this Patient:

Other Lifestyle Changes:

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_