

Medical Weight Loss Progress Note

Date: 6.29.23 Name: Katherine Hines DOB: 12.21.2002

Weight: 334.8 Blood pressure: 142/82 BMI: 50.16

Change In Weight Since Last Visit: _____ Diagnosis: morbid obesity, hypothyroidism
depression

Diet Plan:

Include Notes from Diet Plan with PCP notes

Specify Diet: 2000 calorie a day

_____ Compliant with Diet Plan _____ NOT Compliant with Diet Plan

Weight loss medications: None

Total Daily Caloric Intake: 2000 calorie a day

Physical Activity/Exercise Plan:

☒ Gym _____ x's/wk ☒ Walking/Running 3 x's/wk _____ Aerobics _____ x's/wk

_____ Exercise Videos _____ x's/wk _____ Inability to Perform*

* Walking 30min every other day.

Recommended gym membership at the Wellness Center

Recommended Modifications: _____

Behavior Modification:

☒ Dietician Consult
_____ Group Counseling
_____ Individual Counseling

Date: 6.29.23

Date: _____

Date: _____

Recommended Modifications: _____

Comments (progress or lack of progress): _____

*Physician's Signature: _____

Date: 6/29/23

Printed Physician's name: Pamela Tuck, M.D.

Fax to (205)838-3497 or (205)848-5255

*MD ONLY! INSURANCE DOES NOT ACCEPT NP'S SIGNATURE