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Physician Supervised Weight Loss Visit

Patient Name: _____ Date: _____

DOB: _____ Physician: _____

WT: _____ HT: _____ BP: _____ Pulse: _____ TEMP: _____

Diagnosis: 1) _Obesity (E66.01)___ 2) _____ 3) _____
4) _____ 5) _____ 6) _____

Current Dietary Program:

Low Fat Weight Watchers Atkins South Beach Thrive Diabetic
Diet Dietitian Other

Physical Activity/Exercise Program:

Increased daily physical activity Target HR 3x/week Walking Gym
Attendance Other

Behavioral Interventions:

Meeting with dietitian Food journaling Support group www.fitday.com
 Other

Consideration or use of Pharmacotherapy w/FDA approved medication:

Pharmacotherapy contraindicated secondary to medical condition

Addition Comments and/or recommendations:

Signature _____