



The Crawford Clinic

1900 Leighton Avenue Suite 101 Anniston, Alabama 36207
Phone: 256-240-7272 Fax: 256-240-7242

Medical Weight Loss Progress Note

Patient Name: _____ Date: _____

Current Weight: _____ Blood Pressure: _____ BMI: _____

Diagnoses: _____

Weight Loss Medications: _____

Diet Plan:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Nutrisystem | <input type="checkbox"/> Weight Watchers | <input type="checkbox"/> Jenny Craig |
| <input type="checkbox"/> L A Weight Loss | <input type="checkbox"/> Eat Right | <input type="checkbox"/> South Beach |
| <input type="checkbox"/> Other: _____ | | |

Is the patient compliant with the above diet plan: yes no

Daily Calorie Intake: _____

Physical Activity/Exercise Plan (times per week):

Aerobics: _____ Exercise Videos: _____

Gym Membership: _____ In-home Gym Machine: _____

Walking/Running: _____ Weight Training: _____

Other Activities longer than 30 minutes: _____

Inability to perform exercise because: _____

Recommended Exercise Modification: _____

Behavior Modification:

- | | |
|--|-------------|
| <input type="checkbox"/> Dietician Consult | Date: _____ |
| <input type="checkbox"/> Group Counseling | Date: _____ |
| <input type="checkbox"/> Individual Counseling | Date: _____ |

Recommend Behavior Modifications Changes: _____

General Comments: _____

Provider Signature: _____ **Date:** _____