Integritas
Wellness Institute

www.IntegritasWellness.com Weight Management Progress Note - Follow Up Visit

PATIENT NAME: **DOB:** **TODAY'S DATE: / / 202**

*** Are you on any medications or supplements to help with weight loss? Yes No**

*** Eating meals regularly? Yes No** *** Eating snacks regularly? Yes No**

*** Hungry (Always/AM/Afternoon/PM)** *** Support at home? Yes No**

*** Craving (Salty/Sweet) Time _____** *** Questions regarding what I should and shouldn't have Yes No**

*** Frustrated with progress? Yes No** *** Lack of motivation? Yes No**

*** Emotional eating (recent/history of) Yes No** *** Energy (low/high/more/always) since starting**

*** Difficulty preparing/buying appropriate food?** *** Feel satisfied & satiated on meal plan: Yes No**

*** Disliking food choices? Yes No** *** Satisfied with food choices (variety/taste): Yes No**

*** Happy with progress? Yes No** *** Highly motivated? Yes No**

*** Not enough time to prepare/shop proper food? Yes No**

*** Improved (Energy/Mood/Digestion) Yes No** *** Enjoying food? Yes No**

Following Dietary/Lifestyle recommendations _____ % of the time. **END OF QUESTIONNAIRE STOP HERE**

MD NOTES _____

Current Weight: Lbs Height: BMI: Start Date: Start Weight: Lbs

Weight Loss/Gain:

Current Diet Plan: WFPB Ketogenic Mediterranean Dairy Free Gluten Free LCHF LCHP
Low FODMAP Paleo Auto-Immune Protocol Other _____

Exercise: Cardio Strength Interval Training Restorative (Yoga/Pilates/etc) __ x/week Other _____

Treatment Plan:

WFPB Ketogenic Mediterranean Dairy Free Gluten Free LCHF LCHP Low FODMAP Paleo
Auto-Immune Protocol Other _____

Plan/Goals _____

Behavioral Techniques provided verbally &/or print:

Contingency Management Motivation Cognitive Restructuring Time Management Meal Planning/Prep

Increase Energy Tips to be more efficient Curb Emotional Eating Improving Sleep Addressing Stress

Trying New Foods Increase Frequency/Duration of Exercise Curb Hunger/Craving Counseling Referral

MD Signature: F/U Visit: ____ Weeks _____ Months **Duration of Consult: minutes**