

MetabolicHealth Program Appointment Note Templates

Please note that these have all been written for Telus Health Practice Solutions but could be adapted for use in another other EMR.

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Meet and Greet Appointment

Use this template to send a letter back to the referring provider after the Meet and Greet Appointment.

Start time: •

Thank you for referring patFirstName to the MetabolicHealth Program!

Today I measured patFirstName's weight, height, waist circumference and blood pressure and introduced patHimHer to the format of the MetabolicHealth Program. I directed patHimHer to complete the "What's next" steps below. I have deferred any necessary medical management for patHisHer individual consultation.

Weight @blWt: • Wt: •

Height @blHt: • Ht: •

Waist circumference @blWh: • Wh: •

Blood pressure @blBP: • BP: •

End time: •

What's next?

1. We look forward to seeing you again upon completion of reading the "The New Atkins for a New You" by E. Westman up to at least page 115 and watching the Patient Video Series Modules posted at MetabolicHealth.ca
 2. Please complete the baseline Metabolic Lab Work using the lab requisition provided to you today asap
 3. We have sent you an email questionnaire today. Please complete it BEFORE your individual consultation, which is booked for: •
-

What is the MetabolicHealth Program?

- We prescribe a well-formulated, low carbohydrate (~20 g/day), moderate protein (60-90g/day), high fat, ketogenic, lifestyle intervention to obese and diabetic patients. A recent review of our last 2.5 years shows that our patients at 3 and 6 months, on average, lose 18 lbs and 25 lbs, waist circumference decreases by 8 and 11cm and HbA1c decreases by 0.7 and 0.8%, respectively.

Can a patient participate in the MetabolicHealth Program if the referral did not come from the primary care provider?

- When we receive referrals from providers other the patient's primary care provider, we ask that the patient ask patHisHer family doctor for permission to participate in the MetabolicHealth Program

- The MetabolicHealth Program is an effective intervention for blood sugar and pressure control. We may down-titrate some antihyperglycemic and antihypertensive medications, as needed, to prevent complications of overtreatment including hypoglycemia and hypotension. We will keep you informed of these changes.

What does it take to succeed at weight reduction and blood sugar control in the MetabolicHealth Program?

- Short and long-term success is completely dependent on adherence. A low carbohydrate dietary strategy is safe, effective and sustainable and offers the advantage that patients are more satisfied and feel the need to eat less frequently. Nonetheless, as with low calorie diets, our program is only effective if the prescription is followed with a high level of commitment. Support from family and health care providers is important for success.

How does the MetabolicHealth Program dietary prescription differ from the standard of care?

- This dietary intervention is at odds with the standard of care promoted by Diabetes Canada. We recommend a decreased frequency of eating, higher intakes of fat including saturated fat, increased salt and limiting carbohydrate intake to well below 40% of energy. Yet, the majority of our patients see a 15% reduction in triglycerides, 5% increase in HDL, a decrease in blood pressure, a reduction in antihyperglycemic and antihypertensive medication burden and substantial central weight loss.

How long is the MetabolicHealth Program?

- We are constantly trying to optimize program delivery
- While subject to change, we plan to see patFirstName for a consultation, then every 2 months for 6 months
- We do see some patients beyond 6 months if we think he or she will benefit from further follow-up

What correspondence can I expect?

- Referring/primary care providers will receive a note after each patient encounter to update you on your patient's progress.

How is the MetabolicHealth Program funded?

- OHIP is billed directly for this service using a combination of intermediate assessment, counselling and consultation codes. While it is hoped you will continue to provide comprehensive care to your patient for the duration of involvement with the MetabolicHealth Program, you might consider de-rostering to prevent access bonus penalization
- For physicians who belong to the Thamesview Family Health Team, please also consider de-rostering your patient. If an A007 is billed on a patient rostered to another physician in TFHT, unless that physician de-rosters the patient, the MetabolicHealth Program receives just a

fraction of the fee code for the visit. Once de-rostered, the fair value of an intermediate or counselling assessment will be paid.

Where can I learn more about the MetabolicHealth Program?

- Visit MetabolicHealth.ca. Check out the MetabolicHealth Minute, a brief office based counselling intervention for patients with central obesity and metabolic syndrome; also, see our testimonials, supporting research and meal ideas.

Consultation Appointment

Append this template to the consultation note, following the patient's responses to the "First Appointment Questionnaire"

Physical exam:

Wt: •

Wh: •

BP: •

HR: • «regular rhythm»

H&N: «PERLA, normocephalic, neck supple»

- Thyroid: «Not deformed, not enlarged, no bruits»

Resp: «equal breath sounds bilaterally, no adventitia»

CVS: «normal s1, s2, no s3, s4, no murmur» «no leg edema»

Abdo: «normal bs, soft, no tender, no organomegally or pulsation» «no surgical scars» «no masses»

Signs of insulin resistance: «central obesity» «hirsutism» «acanthosis nigricans» «history of abnormal uterine bleeding» «skin tags»

Proactive counselling:

Weight loss:

- If your weight loss has plateaued or your are gaining, go back to recording what you are eating and counting your net carbs (total carbs minus fibre)

- Return to the last stage you were losing weight at (seeing page 120 for the rungs of the low carb diet)

- If your weight loss continues to stall, start again at 20 g of net carb/day

Constipation:

- Be proactive about constipation

- Add a daily fibre supplement like Benefibre or sugar free Metamucil if you are becoming irregular or try chia seeding pudding (recipes on the internet)

- If constipated, take Restoralax 17 g each day as needed to keep your bowels moving

Dehydration/salt intake adequacy:

- A low carb diet is diuretic so don't be afraid to salt your food to taste to maintain your salt levels

- During your first 2 weeks of this new lifestyle, drink a cup of beef broth twice a day to maintain your salt level

- Thereafter, if you are feeling weak or light headed, you are likely low on salt. Have a cup of broth.

- Drink a minimum of 8 cups of water each day

Salad/Leafy greens/veggies:

- Get a minimum of 2 cups of leafy green vegetables (salad) each day to help you get your vitamins and minerals, roughage to keep your bowels moving
- This also fills up your plate and tummy
- Get 1 cup of low carb vegetables each day from the list on page 87 in the "New Atkins for a New You" by E. Westman

Fish intake:

- Get 3 servings of low mercury fish each week to get an adequate amount of heart healthy omega 3 fatty acids into your diet
- These include: salmon, anchovy, char, herring, Atlantic mackerel, pollock, smelt, rainbow trout, lake whitefish, shrimp, clam, mussel, and oyster, cod, haddock, halibut, sole, scallops and squid, snapper, perch, bass, tilapia

Healthy Fats:

- Try to increase the amount of olive oil in your diet by cooking with it (don't go over medium heat) and by making olive oil vinaigrettes for your salads. Olive oil is very heart healthy.

Multivitamin:

- Take a daily multivitamin to reduce risk of micronutrient deficiencies

Reminders:

- 1) This is a moderate protein diet: aim for up to 4 ounces of protein rich food up to 3x/day; be careful not to eat excessive amounts of protein
- 3) For diabetics on sick days:
 - Try to continue to eat enough protein, fat and vegetables
 - Replace fluid losses with oral rehydration solution or bullion
 - Keep taking basal (long acting) insulin and monitor blood sugars 4 times/day or more if symptomatic
 - It is ok if blood sugars run higher on sick days so long as less than 15-20 mmol/L
 - Call the office or go to the ED if blood sugars are running greater than 20 on average or if they are persistently high for more than a few days
- 3) Hypoglycemia episodes: treat them in the usual fashion with a small serving of juice or carb and to go to the ED if feeling unwell

Assessment and Plan:

Patient Preparation:

The combination of reading the MetabolicHealth Program Handbook and "The New Atkins for a New You" has given the patient the necessary understanding of how to create a well formulated, low carbohydrate (potentially ketogenic) diet to start the lifestyle intervention

Medication Modifications: «none»

@BaselineDiabetes: pat.Vitals.Specify_Text_Vital"@BaselineDiabetes".text_of_latest

@NowDiabetes: pat.Vitals.Specify_Text_Vital"@NowDiabetes".text_of_latest

@BaselineHTN: pat.Vitals.Specify_Text_Vital"@BaselineHTN".text_of_latest

@NowHTN: pat.Vitals.Specify_Text_Vital"@NowHTN".text_of_latest

@BaselineDyslipidemia: pat.Vitals.Specify_Text_Vital"@BaselineDyslipidemia".text_of_latest

@FollowUpConcerns: pat.Vitals.Specify_Text_Vital"@FollowUpConcerns".text_of_latest

The patient will return in approximately • months for further assessment and counselling.

Start time: •

End time: •

Consultation Letter to Referring Provider

Send this letter, along with your Consultation Appointment notes, back to the referring provider.

Thank you for referring patFirstName to the MetabolicHealth Program.

patCapHeShe came in for patHisHer consultation appointment today. I saw patHimHer first on pat.Vitals.Specify_Numeric_Vital"@blwt".date_of_latest for a "Pre-assessment appointment" at which time I introduced patHimHer to the MetabolicHealth Program and gave him next steps to complete prior to consultation. patCapHeShe has completed these steps, including the informed consent.

Please see my consultation notes dated today's date.

Medications Changed: «none»

«Medication Management:

@BaselineDiabetes: pat.Vitals.Specify_Text_Vital"@BaselineDiabetes".text_of_latest

@NowDiabetes: pat.Vitals.Specify_Text_Vital"@NowDiabetes".text_of_latest

@BaselineHTN: pat.Vitals.Specify_Text_Vital"@BaselineHTN".text_of_latest

@NowHTN: pat.Vitals.Specify_Text_Vital"@NowHTN".text_of_latest

«Please note that I have stopped her HCTZ blood pressure pill. Low carb diets tend to be diuretic in their own right and the addition of HCTZ tends to lead to feelings of light-headedness. The vast majority of our patients see a significant improvement in blood pressure, even with stopping HCTZ.»

@BaselineDyslipidemia pat.Vitals.Specify_Text_Vital"@BaselineDyslipidemia".text_of_latest»

patFirstName will return for follow-up in • weeks at which point, I will send you a note to update you on patHisHer progress.

Thank you for your referral to the MetabolicHealth Program.

www.metabolichealth.ca

Follow-up Appointment Note

Append this template to the follow-up note, following the patient's responses to the "Pre-Appointment Questionnaire"

Proactive counselling:

- All pertinent proactive counselling points, as initially discussed in the Individual Consultation on pat.Vitals.Specify_Text_Vital"@Metabolic-Health".date_of_latest, were reviewed

Assessment and Plan:

@FollowUpConcerns: pat.Vitals.Specify_Text_Vital"@FollowUpConcerns".text_of_latest

Months since initial MetabolicHealth Program lifestyle discussion:

pat.Vitals.Specify_Text_Vital"@Metabolic-Health".months_since_latest

Date of baseline data: pat.Vitals.Specify_Numeric_Vital"@blwt".date_of_latest

Baseline Weight (kg): pat.Vitals.Specify_Numeric_Vital"@blwt".latest_value

Most Recent Weight (kg): pat.Vitals.Specify_Numeric_Vital"wt".latest_value

Goal Weight (kg): pat.Vitals.Specify_Numeric_Vital"@Goalwt".latest_value

Medication Modifications Today: «None»

@BaselineDiabetes: pat.Vitals.Specify_Text_Vital"@BaselineDiabetes".text_of_latest

@NowDiabetes: pat.Vitals.Specify_Text_Vital"@NowDiabetes".text_of_latest

@BaselineHTN: pat.Vitals.Specify_Text_Vital"@BaselineHTN".text_of_latest

@NowHTN: pat.Vitals.Specify_Text_Vital"@NowHTN".text_of_latest

@BaselineDyslipidemia: pat.Vitals.Specify_Text_Vital"@BaselineDyslipidemia".text_of_latest

I will see the patient back in • to reassess patHisHer progress.

Last metabolic lab work was done: pat.Lab_Values.Hemoglobin_A1C_[Hb_A1C].date_of_latest,
pat.Lab_Values.Hemoglobin_A1C_[Hb_A1C].months_since_latest months ago

«Will order repeat labs for prior to next appointment»

Start time: •

End time: •

Follow-up Letter to Referring Provider

Use this letter to send a note back to the referring provider after a follow-up appointment.

Writing to give you report on patFirstName's progress in the MetabolicHealth Program.

patCapHeShe has been active in the program since pat.Vitals.Specify_Text_Vital"@Metabolic-Health".date_of_latest and I have seen patHimHer in the office • times in that period.

patCapHeShe has made great progress and I'd like to share patHisHer numbers below on the parameters I am following:

	Baseline:	Most Recent:
Waist Circ (cm):	pat.Vitals.Specify_Numeric_Vital"@blwh".latest_value	pat.Vitals.Waist_[WH:].latest_value
Weight (kg):	pat.Vitals.Specify_Numeric_Vital"@blwt".latest_value	pat.Vitals.Weight_[Wt:].latest_value
BMI:	pat.Vitals.Specify_Numeric_Vital"@blbmi".latest_value	pat.Vitals.BMI_[calc_from_Ht_&_Wt].latest_value
Blood pressure (mmHg):	pat.Vitals.Specify_Text_Vital"@blbp".text_of_latest	pat.Vitals.BP_[BP:].latest_value
HbA1c:	pat.Vitals.Specify_Numeric_Vital"@blhba1c".latest_value	pat.Lab_Values.Hemoglobin_A1C_[Hb_A1C].latest_value
Creatinine (umol/L):	pat.Vitals.Specify_Numeric_Vital"@blcr".latest_value	pat.Lab_Values.Creatinine_[Cr].latest_value
Urea (mmol/L):	pat.Vitals.Specify_Numeric_Vital"@blurea".latest_value	pat.Lab_Values.Urea_[Urea].latest_value
Urine protein (g/L):	pat.Vitals.Specify_Text_Vital"@blurineprotein".text_of_latest	pat.Lab_Values.Urine_Protein_[Urine_Protein].latest_value
Albumin/Cr (mg/mmol):	pat.Vitals.Specify_Numeric_Vital"@blalbumincr".latest_value	pat.Lab_Values.Microalbumin/Creatinine_Ratio_[Microalbumin/Creatinine_Ratio].latest_value
ALT (U/L):	pat.Vitals.Specify_Numeric_Vital"@blalt".latest_value	pat.Lab_Values.ALT_[ALT].latest_value
Uric acid (umol/L):	pat.Vitals.Specify_Numeric_Vital"@bluricacid".latest_value	pat.Lab_Values.Uric_Acid_[UA].latest_value
Total Cholesterol (mmol/L):	pat.Vitals.Specify_Numeric_Vital"@blchol".latest_value	pat.Lab_Values.Cholesterol_[CHOL].latest_value
LDL-C (mmol/L):	pat.Vitals.Specify_Numeric_Vital"@blldl".latest_value	pat.Lab_Values.Low_Density_Lipoprotein_Cholesterol_[LDL].latest_value
Non-HDL-C (mmol/L):	pat.Vitals.Specify_Numeric_Vital"@blnonhdl".latest_value	pat.Lab_Values.Non-HDL_cholesterol_[Non-HDL].latest_value
HDL-C (mmol/L):	pat.Vitals.Specify_Numeric_Vital"@blhdl".latest_value	pat.Lab_Values.High_Density_Lipoprotein_Cholesterol_[HDL].latest_value

Triglycerides (mmol/L): pat.Vitals.Specify_Numeric_Vital"@bltg".latest_value
pat.Lab_Values.Triglycerides_[TG].latest_value

«patCapHeShe has a • decrease in HbA1c and this is with the following medication reductions:

•»

«Current diabetic management includes:

•»

With the MetabolicHealth Program lifestyle intervention, you can see patHeShe has lost:

- cm off patHisHer waist, and
- lbs of weight

I am happy to continue to follow patHimHer through patHisHer metabolic recovery from insulin resistance.

Thanks again for referring or permitting participation in the MetabolicHealth Program.

www.MetabolicHealth.ca

Oceans by CognizantMD Email Templates

Use these templates for your *Consultation* and *Follow-up* Appointment emails to your patients.

Consultation Appointment:

It was a pleasure to meet you at your first appointment!

This is a reminder to complete all the "Next Steps" that we discussed:

- 1) Complete the lab work using the requisition provided, as soon as possible, unless I told you otherwise.
- 2) Buy "The New Atkins for a New You" by E. Westman. Find it online at Amazon/Indigo (links below), and read up to page 115. You are welcome to read beyond if you'd like!
- 3) Go to MetabolicHealth.ca and watch the entire "Patient Video Series", which is 2.5 hours of content over 10 modules. Please find a link to each module below.
- 4) Complete the enclosed "Informed Consent" and return it to our office at the time of your Individual Consultation appointment.
- 5) Read the MetabolicHealth Program Handbook twice, cover to cover.
- 6) Complete the "First Appointment Questionnaire" online at the following link:
[weblink]

I am looking forward to seeing you again soon and wish you speedy completion of the preparations listed above.

Sincerely,
Name

BUY "THE NEW ATKINS FOR A NEW YOU" BY E. WESTMAN, ONLINE AT:
https://www.amazon.ca/dp/B0038NN3B4/ref=dp-kindle-redirect?_encoding=UTF8&btkr=1

https://www.chapters.indigo.ca/en-ca/books/product/9781439190272-item.html?s_campaign=goo-Shopping_All_Products_RLSA&ds_rl=1254699&gclid=Cj0KCQjwm6HaBRCbARIsAFDNK-htJVZvnr-tXIN5hb0In3xPRr1-udTtp8jv7omWdB3O7Pvsy9QTSwaAuiVEALw_wcB

LINKS TO THE REQUIRED VIDEOS:

1. Introduction

<https://youtu.be/w1oHeo5a7V0>

2. Recovering from "What the Hell"

<https://youtu.be/Viqeq4eslb8>

3. Informed Consent

<https://youtu.be/gn7YD6Olr0>

4. The Modern Low Carb, High Fat Dietary Pattern

<https://youtu.be/1ihnzt3OISc>

5. Why We GOT Fat

<https://youtu.be/xW7qlwu6I4I>

6. Carbohydrates Vs. Your Body

<https://youtu.be/p-mbCPtTDwo>

7. The Hormone-Obesity Hypothesis

<https://youtu.be/huoYVA39Z0M>

8. Obesity and Addiction

<https://youtu.be/ynpjwJEdtEk>

9. Introduction to the MetabolicHealth Program Handbook

<https://youtu.be/NYFo7j6pS4c>

10. Your Prescription for a Healthy Weight

<https://youtu.be/zk0VoMWKrK4>

Please note that your healthcare provider will not routinely see your answers until the time of your next appointment.

If you have an urgent medical problem, you must contact your healthcare provider directly or proceed to the emergency department.

Follow-up Appointment

I look forward to seeing you again soon!

TWO DAYS PRIOR to your next appointment, please complete this secure online questionnaire related to your participation in the MetabolicHealth Program to help us monitor your progress.

If it has been 2.5-3.5 months since your initial blood work, it is time to repeat your blood work. Please return to the same lab at least 7 days before your next appointment so we can review your lab work.

[weblink]

Sincerely,

Name

Note: This is an outgoing email only. If you have any questions or concerns, please contact our office reception at *phone number* and request that a message containing your concerns be sent to me.

Please note that your healthcare provider will not routinely see your answers until the time of your next appointment.

If you have an urgent medical problem, you must contact your healthcare provider directly or proceed to the emergency department.