

Oakland Medical Weight Loss



simplifying **Weight
Loss**[®]

6685 Hwy 64 Ste. 2
Oakland, TN 38060
901.465.0250

FOLLOW-UP MEDICAL VISIT (1 OF 2)

Name: _____ Birth date: _____ Today's Date: _____

New Address: _____

New Phone (inc. area code): _____

Are you taking other medications or herbal preparations?

Prescribed: Yes No Over-the-counter: Yes No

If yes, please list carefully and review with the staff person or nurse:

Have you experienced any of the following signs or symptoms since taking the medications prescribed in this program? Circle all that apply.

Hunger	Nausea	Indigestion	Constipation
Irritable, Anger	Leg Aches	Diarrhea	Cravings
Chest Pain	Light Headed	Tremors	Confused
Fainting	Headaches	Depressed	Fluid Retention
Rashes	Difficulty Sleeping	Shortness of Breath	Rapid Heart Beat

Patient Signature: _____

— — — — *DO NOT FILL IN BELOW THIS LINE* — — — —

Weight: _____ BMI: _____ Height: _____ (in.) Waist: _____ (in.)

BP: _____ Pulse: _____ Gain/Loss: _____

Medication: _____

Diet:	<input type="checkbox"/> Carb restricted/high protein	<input type="checkbox"/> Calorie restricted
Adherence	<input type="checkbox"/> Excellent	<input type="checkbox"/> Non-Adherent _____ x/week
Exercise:	<input type="checkbox"/> Strength training	<input type="checkbox"/> Aerobic/cardio _____ x/week
	<input type="checkbox"/> Other _____	<input type="checkbox"/> No Exercise _____

Eating meals regularly: Y N

Eating snacks regularly: Y N

FOLLOW-UP VISIT (2 OF 2)

REVIEWED

- Diet/menu
- Importance of regular protein intake to regulate appetite and blood sugar
- Pathophysiology of metabolic syndrome
- Reviewed risk / benefit of treatment with
 - Metformin
 - anorectic agents
 - other
- Reviewed labs, dx:
 - Fasting glucose ____
 - elevated HgbA1C ____
 - GTT ____
 - Hyperinsulinemia ____
 - Prediabetes ____
 - Reactive hypoglycemia
 - Hypothyroidism ____
 - Microalbuminuria ____
 - Total cholesterol ____
 - Triglycerides ____
 - Low HDL ____
 - Elevated HDL ____

DIAGNOSIS

- 1. Obesity 278.00
- 2. Morbid Obesity 278.00
- 3. Hypothyroidism 244.00
- Rx to Pharmacy _____

RECOMMENDATIONS:

- Phentermine 37.5 mg
- Quantity 15 30 45 90
- Hoodia
- Meridia 5mg 10mg 15mg
- Quantity 15 30 45 90

All medications were reviewed: No changes recommended at this time
 Recommended changes _____

Comments / Plan:

Next Follow-up Visit _____

A.N.P.

M.D.
