

Name: _____ Date: _____

Current Weight: _____ Goal Weight: _____ Current BMI: _____

It is all about energy balance.

A 5-10% reduction in my weight can have a beneficial effect on my health. Achieving a healthy weight and becoming more active would be helpful to manage some of my health problems including:

- High cholesterol
- High blood pressure
- Sleep apnea
- Heart Disease
- Diabetes
- Arthritis
- Depression
- Asthma/COPD
- Other

My goal weight is _____ and I will work to achieve that goal by ___/___/___ by following my Care Plan.

My Care Plan:

My Care Plan consists of things I agree to do and support that medical professionals and others can provide. Both parts of my care plan are important in helping me reach my goals.

1. What I will do

Many people find it helpful to choose specific goals to help achieve a healthy weight. Goals that I think would help me include:

Nutrition Goals

- Monitor my daily intake using a journal
 - » Optional: Eat _____ calories or _____ points/day
- List as is

Physical Activity Goals

- List as is but 1st person voice

2. Support from my Care Team

- Referral to other professional:
 - Registered Dietician or Clinical Nutritionist _____
 - Assessment to determine daily energy needs (CPT 94690) _____
 - Bariatric physician OR Specialist _____
 - Psychologist or Behaviorist _____
- Medication – prescribed or OTC _____
- Community Resources Referral
 - Community-based program _____
 - Employer-based program _____
 - Peer support group _____
 - Internet-based support _____

I understand that follow up will be important as I lose weight.

I agree to follow up with _____ about every _____ weeks.

If I have questions or concerns between visits, I should call _____.

Phone number _____.