

## Patient Follow-up Provider Reference Checklist

<b>Lab Measures</b>	Bodyweight:	<input type="checkbox"/>
	Waist Circumference	<input type="checkbox"/>
	Arterial Blood Pressure	<input type="checkbox"/>
	Comprehensive metabolic panel (i.e. lipids, TSH, uric acid, etc):	<input type="checkbox"/>
	Blood Glucose	<input type="checkbox"/>
	Other: _____	<input type="checkbox"/>
<b>CV risks</b>	Re-assess associated cardiovascular risks	<input type="checkbox"/>
<b>Psychosocial</b>	Assess patient attitude (i.e., motivation, confidence, etc.)	<input type="checkbox"/>
	Assess support from family and friends, stress level and mood	<input type="checkbox"/>
	Assess time availability	<input type="checkbox"/>
	Screen for depression (PHQ), binge eating, or other psychosocial disorders	<input type="checkbox"/>
<b>Nutrition</b>	Assess eating behavior and attitudes	<input type="checkbox"/>
	Determine RMR (Resting Metabolic Rate - MedGem).	<input type="checkbox"/>
<b>Physical Activity</b>	Assess physical activity level.	<input type="checkbox"/>
	Evaluate attitudes and barriers.	<input type="checkbox"/>
<b>Nutrition Prescription</b>	Adjust caloric intake levels: <input type="checkbox"/> $\geq 10\%$ <input type="checkbox"/> $\leq 10\%$ <input type="checkbox"/> according to RMR	<input type="checkbox"/>
	Adjust Fat intake levels: <input type="checkbox"/> $\leq 25\%/d$ <input type="checkbox"/> 30%	<input type="checkbox"/>
	Adjust Carb intake levels: <input type="checkbox"/> $\leq 200$ g/d	<input type="checkbox"/>
	Adjust Na intake levels: <input type="checkbox"/> $\leq 2000$ mg <input type="checkbox"/> 2400 mg	<input type="checkbox"/>
	Referral to Registered Dietitian or Nutritionist.	<input type="checkbox"/>
	No change needed. Reinforce initial nutrition recommendation.	<input type="checkbox"/>
<b>Physical Activity Prescription</b>	Adjust activity duration: <input type="checkbox"/> $\geq$ Time <input type="checkbox"/> $\geq$ Days <input type="checkbox"/> $\leq$ Time <input type="checkbox"/> $\leq$ Days	<input type="checkbox"/>
	Referral to Exercise Physiologist.	<input type="checkbox"/>
	No change needed. Reinforce initial nutrition recommendation.	<input type="checkbox"/>
<b>Behavior treatment</b>	Referral to Group Support Program.	<input type="checkbox"/>
	Referral to Behaviorist/Psychotherapist.	<input type="checkbox"/>
<b>Co-morbidities</b>	Control BP, lipids and blood sugar per evidence-based guidelines.	<input type="checkbox"/>
<b>Drug Therapy or Surgery</b>	Recommend weight loss medication (orlistat, subratramine, phentermine)	<input type="checkbox"/>
	Referral to Bariatric Specialist. (BMI $\geq 40$ kg/m <sup>2</sup> or $\geq 35$ kg/m <sup>2</sup> with high risk co-morbidities).	<input type="checkbox"/>