

Weight Loss Evaluation

Name: _____

Date: _____

Medications

Surgery

Medical Problems

ALLERGIES:

TOBACCO Y/N
ALCOHOL Y/N

PE: T R P BP
GEN: WD WN NAD
HEENT: NCAT EOMI
NECK: NT
CV: SR
PULM: CTA
ABD: SOFT NT ND
EXT: NO CCE
NEURO: MOTOR/SENSORY
WNL

WEIGHT:
HEIGHT:
BMI:

A: Overweight
Obese
Extremely Obese

D: Health Coach
Medifast
Vit B12 Q wk x 4 then taper-QM
Phentermine 37.5mg QDay
Diet Counseling /Exercise 3- 5/wk

Phentermine 37.5mg 30 Dispensed
Side effects discussed:
Insomnia
Dysphoria
Dizziness
Headache
Dry mouth
Instructed to take before breakfast or 1-2 hours after breakfast.
Instructed to call me with any concerns or difficulty with taking the medication.