1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE / SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

PRIMARY CARE PROVIDER

VISIT TYPE: LIFESTYLE MEDICINE CONSULTATION / FOLLOW-UP / PREVENTIVE VISIT / CHRONIC DISEASE LIFESTYLE MANAGEMENT / TELEHEALTH

CARE SETTING: OUTPATIENT / LIFESTYLE MEDICINE CLINIC / PRIMARY CARE / PREVENTIVE MEDICINE CLINIC / TELEHEALTH

REFERRAL SOURCE, IF APPLICABLE

INTERPRETER USED, IF APPLICABLE

CC CHIEF COMPLAINT

2 PRIMARY LIFESTYLE MEDICINE CONCERN

Primary lifestyle medicine-related reason for the visit in the patient's own words when possible — weight management, diabetes prevention or management, hypertension, hyperlipidemia, fatigue, sleep difficulty, stress, poor nutrition, sedentary lifestyle, tobacco cessation, chronic disease prevention, cardiometabolic risk reduction, or lifestyle behavior change support...

S SUBJECTIVE

3 PATIENT-REPORTED GOALS, HABITS & BEHAVIOR-CHANGE CONTEXT

3a REASON FOR EVALUATION & HEALTH GOALS

Reason for Lifestyle Medicine Evaluation (initial consultation / follow-up / weight management / diabetes prevention / cardiometabolic risk reduction / chronic disease lifestyle support / nutrition counseling / physical activity counseling / sleep optimization / stress management / tobacco cessation / behavior-change planning):

Patient Health Goals (weight loss / energy / blood sugar / blood pressure / cholesterol / sleep / fitness / stress / nutrition / smoking cessation / alcohol reduction / quality of life / chronic disease risk):

Current Health Status and Chronic Conditions (obesity, prediabetes, diabetes, hypertension, hyperlipidemia, cardiovascular disease, fatty liver disease, sleep apnea, chronic pain, depression, anxiety, metabolic syndrome):

3b NUTRITION, ACTIVITY & SLEEP

Nutrition Pattern (typical meals, meal timing, portions, snacking, fruit/vegetable, fiber, protein, whole grains, saturated fat, sodium, processed foods, sugary beverages, caffeine, hydration, alcohol, cultural/household food patterns):

Eating Behaviors (cravings, emotional or stress eating, nighttime eating, binge episodes if disclosed, eating pace, hunger/fullness awareness, meal planning, grocery habits, cooking ability, dining out, barriers):

Physical Activity (type, frequency, duration, intensity, resistance training, flexibility/balance, sedentary time, occupational activity, limitations, pain with activity, preferences, fitness goals):

Sleep (schedule, duration, quality, insomnia, awakenings, snoring, witnessed apnea, daytime sleepiness, naps, shift work, caffeine timing, screen exposure, sleep hygiene, barriers):

3c STRESS, SUBSTANCES & SUPPORT

Stress and Emotional Well-Being (stress level, stressors, coping, burnout, anxiety, depression symptoms, social isolation, relaxation practices, mindfulness, therapy involvement, resilience, interest in behavioral health support):

Substance Use (tobacco, vaping, nicotine products, alcohol, cannabis, stimulants, opioids, sedatives — quantity, frequency, readiness to change, prior cessation attempts, triggers):

Social Connection and Support (household support, family involvement, social network, loneliness, caregiving, community involvement, accountability supports, relational or environmental barriers):

3d WEIGHT, READINESS, MEDICATIONS & CONTEXT

Weight and Metabolic History (weight trend, highest/lowest adult weight, prior weight-loss attempts, medication or

surgery history, metabolic labs, waist circumference, appetite, cravings, perceived barriers):

Behavior Change Readiness (readiness, confidence, motivation, prior successful changes, patient-selected goals, anticipated barriers, support needs, preferred first steps):

Medication and Supplement History (prescription, OTC, supplements, adherence, side effects, weight-impacting medications, glucose/BP/lipid medications, changes, access barriers):

Family History (diabetes, hypertension, cardiovascular disease, obesity, hyperlipidemia, stroke, sleep apnea, mental health conditions, substance use disorder):

Social Determinants of Health (food access, transportation, financial strain, housing stability, work schedule, childcare/caregiving, health literacy, neighborhood safety, access to exercise spaces, cultural food considerations):

Pertinent Negatives (denies chest pain, severe dyspnea, syncope, focal neurologic deficit, severe depression, suicidal ideation, eating disorder red flags, rapid unexplained weight loss, exercise-related concerning symptoms):

ROS LIFESTYLE MEDICINE REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Fatigue, weight change, appetite change, low energy, or exercise intolerance

Chest pain, palpitations, dyspnea, edema, dizziness, or syncope

Snoring, witnessed apnea, insomnia, daytime sleepiness, or non-restorative sleep

Abdominal symptoms, reflux, constipation, diarrhea, or food-related symptoms

Joint pain, back pain, muscle pain, mobility limitation, or activity-related pain

Depression, anxiety, stress, burnout, emotional eating, or sleep disturbance

Tobacco, alcohol, cannabis, stimulant, or other substance use concerns

Medication side effects, adherence barriers, or lifestyle-related treatment barriers

O OBJECTIVE

5 OBSERVED FINDINGS

V VITALS

TEMPERATURE

BLOOD PRESSURE

HEART RATE

RESPIRATORY RATE

OXYGEN SATURATION

HEIGHT

WEIGHT

BMI

WAIST CIRCUMFERENCE, IF OBTAINED

PAIN SCORE, IF APPLICABLE

5a FOCUSED EXAMINATION

General Appearance (alertness, distress level, body habitus, nutritional appearance, mobility, hygiene, overall clinical condition):

Cardiovascular (rate, rhythm, murmurs, pulses, capillary refill, edema, perfusion, cardiometabolic risk findings):

Pulmonary (respiratory effort, breath sounds, wheezing, crackles, cough, oxygen requirement, exercise tolerance findings):

Abdomen (central adiposity, tenderness, distension, hepatomegaly, surgical scars, metabolic or digestive findings):

Musculoskeletal (gait, mobility, range of motion, strength, balance, joint findings, pain-limited or exercise-limiting findings):

Skin (acanthosis nigricans, xanthomas, rashes, wounds, edema, bruising):

Neurologic (mental status, gait, focal deficits, neuropathy findings, balance, cognition when assessed):

Psychiatric (mood, affect, behavior, motivation, insight, judgment, safety concerns when relevant):

LV LIFESTYLE VITAL SIGNS / HEALTH BEHAVIOR ASSESSMENT

6 LIFESTYLE DOMAINS ASSESSED

Nutrition quality and eating pattern	
Physical activity minutes per week	
Resistance training frequency	
Sedentary time	
Sleep duration and quality	
Stress level and coping strategies	
Tobacco / nicotine use	
Alcohol and substance use	
Social connection and support	
Readiness for change	
Confidence level	
Patient-selected SMART goals	

ST SCREENING / ASSESSMENT TOOLS

7 STANDARDIZED TOOLS & INTERPRETATION

PHQ-9	
GAD-7	
AUDIT-C	
DAST	
STOP-Bang	
Epworth Sleepiness Scale	
ASCVD risk estimate	
Diabetes risk assessment	
Food frequency questionnaire	
Physical activity questionnaire	
Readiness-to-change scale	

Social determinants of health screening

Pain or functional scale, when relevant

Score, result, interpretation, comparison to prior results, and limitations:

L LABORATORY AND DIAGNOSTIC RESULTS

8 RESULTS REVIEWED OR ORDERED

Cardiometabolic Labs (HbA1c, fasting glucose, fasting insulin, lipid panel, ApoB, Lp(a), CMP, renal function, liver enzymes, urine albumin/creatinine ratio, hs-CRP):

Nutrition / Deficiency Labs (CBC, ferritin, iron studies, vitamin D, B12, folate, magnesium, thyroid studies):

Weight / Metabolic Testing (waist circumference, body composition, metabolic trends, sleep study, EKG, coronary calcium score):

Preventive Screening Results (blood pressure trends, cancer screening status, DEXA, immunization records):

Prior Records Reviewed (primary care notes, specialist notes, nutrition records, hospital records, medication history, lab trends, imaging reports, sleep study results, patient-provided food/activity logs):

A ASSESSMENT

9 LIFESTYLE MEDICINE CLINICAL INTERPRETATION

Primary lifestyle-related diagnosis, risk factor, or working problem list. Current cardiometabolic risk status. Nutrition pattern and key dietary barriers. Physical activity status and exercise limitations. Sleep status and possible sleep disorder risk. Stress, mood, coping, and social support factors. Tobacco, alcohol, or substance use contribution. Weight and metabolic trajectory. Medication factors affecting weight, energy, sleep, or metabolic health. Patient readiness, confidence, strengths, and barriers. Need for lifestyle prescription, medication adjustment, labs, screening, referral, care coordination, or higher level of care...

P PLAN

10 MANAGEMENT BY LIFESTYLE DOMAIN

Nutrition plan (dietary pattern, meal planning, protein and fiber goals, fruit/vegetable intake, reduced processed foods, sodium and saturated fat reduction, sugary beverage reduction, hydration, mindful eating, dietitian referral). Physical activity plan (aerobic, resistance, flexibility/balance, gradual progression, step goals, sedentary time reduction, injury precautions, adaptations). Sleep plan (schedule, hygiene, caffeine and screen timing, wind-down routine, apnea evaluation, insomnia management, sleep medicine referral). Stress management plan (breathing, mindfulness, counseling, therapy referral, social support, time outdoors, burnout reduction). Substance use plan (tobacco cessation, alcohol reduction, nicotine replacement, pharmacotherapy, counseling, harm reduction, recovery resources). Weight management plan (SMART goals, self-monitoring, nutrition/activity targets, medication review, anti-obesity medication or bariatric referral, metabolic monitoring). Chronic disease lifestyle plan with measurable targets. Behavior-change plan (SMART goals, action steps, barriers, confidence rating, accountability, habit tracking, follow-up cadence). Medication coordination. Referral and care coordination. Patient education and warning signs...

F FOLLOW-UP

11 REASSESSMENT PLAN

Follow-up timeframe and purpose (lifestyle goal review, weight/metabolic monitoring, BP/glucose review, sleep/stress progress, nutrition/activity log review, medication response, lab review, referral follow-through, preventive care completion):

TB TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

LIFESTYLE COUNSELING TIME

NUTRITION COUNSELING TIME

PHYSICAL ACTIVITY COUNSELING TIME

BEHAVIOR-CHANGE COUNSELING TIME

CARE COORDINATION TIME

RECORDS REVIEW TIME, IF APPLICABLE

LAB REVIEW TIME, IF APPLICABLE

E/M LEVEL: 99202 / 99203 / 99204 / 99205 / 99212 / 99213 / 99214 / 99215

PREVENTIVE COUNSELING CODE(S), IF APPLICABLE

INTENSIVE BEHAVIORAL THERAPY CODE(S), IF APPLICABLE

TOBACCO CESSATION COUNSELING CODE(S), IF APPLICABLE

CHRONIC CARE MANAGEMENT CODE(S), IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MEDICAL DECISION MAKING / LIFESTYLE COUNSELING / PREVENTIVE CARE / BEHAVIOR-CHANGE COUNSELING

PRIMARY LIFESTYLE-RELATED DIAGNOSIS / RISK FACTOR CODE

SECONDARY DIAGNOSIS CODE(S), IF APPLICABLE

SO PROVIDER SIGN-OFF

PROVIDER NAME	CREDENTIALS	SPECIALTY: LIFESTYLE MEDICINE	DATE	TIME