1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE/SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

VISIT TYPE: METABOLIC & WEIGHT MANAGEMENT CONSULTATION / FOLLOW-UP / MEDICATION MANAGEMENT / NUTRITION FOLLOW-UP / POST-BARIATRIC FOLLOW-UP / TELEHEALTH

CARE SETTING: OUTPATIENT / ENDOCRINOLOGY CLINIC / OBESITY MEDICINE CLINIC / WEIGHT MANAGEMENT CLINIC / PRIMARY CARE / TELEHEALTH

PRIMARY CARE PROVIDER, IF APPLICABLE

REFERRING PROVIDER, IF APPLICABLE

DIETITIAN / NUTRITIONIST, IF APPLICABLE

BARIATRIC TEAM, IF APPLICABLE

INTERPRETER USED, IF APPLICABLE

CC CHIEF COMPLAINT

2 PRIMARY CONCERN

Document the primary metabolic or weight management-related reason for the visit in the patient's own words when possible, including weight management, obesity, overweight, metabolic syndrome, abnormal weight gain, difficulty losing weight, anti-obesity medication follow-up, lifestyle management, insulin resistance, prediabetes, diabetes-related weight management, dyslipidemia, fatty liver disease, post-bariatric follow-up, or cardiometabolic risk reduction.

S SUBJECTIVE

3 PATIENT-REPORTED HISTORY

Document patient-reported weight history, metabolic risk factors, lifestyle patterns, treatment history, medication response, comorbidities, barriers, and patient goals.

3a WEIGHT STORY

Reason for Metabolic / Weight Management Evaluation:

Document whether the visit is for initial weight management consultation, follow-up, lifestyle counseling, anti-obesity medication management, metabolic syndrome evaluation, prediabetes/insulin resistance management, diabetes-related weight care, fatty liver/metabolic dysfunction evaluation, post-bariatric follow-up, or cardiometabolic risk reduction.

Weight History:

Document current weight, highest adult weight, lowest adult weight, weight trajectory, recent weight gain or loss, prior successful weight-loss periods, weight regain, postpartum weight change, menopause-related weight change, medication-related weight change, and patient's target or functional goals.

Weight-Related Symptoms and Functional Impact:

Document fatigue, dyspnea with exertion, joint pain, mobility limitation, sleep disruption, exercise intolerance, reflux, edema, body image concerns, mood impact, work limitations, and impact on ADLs or quality of life.

Prior Weight Management Attempts:

Document prior diets, calorie tracking, meal plans, commercial programs, exercise programs, coaching, behavioral therapy, medications, bariatric procedures, response, adherence, tolerability, barriers, and reasons for discontinuation.

3b LIFESTYLE & BEHAVIOR

Nutrition / Eating Pattern:

Document typical meals, meal timing, portion sizes, snacking, late-night eating, sugary drinks, alcohol calories, fast food, ultra-processed foods, protein intake, fiber intake, fruit/vegetable intake, hydration, meal skipping, cravings, emotional eating, binge eating symptoms if disclosed, and food access.

Physical Activity:

Document activity level, exercise type, frequency, duration, intensity, resistance training, steps or movement goals, sedentary time, barriers due to pain or schedule, activity-related symptoms, and willingness to increase activity gradually.

Sleep and Circadian Factors:

Document sleep duration, sleep quality, insomnia, shift work, snoring, witnessed apneas, daytime sleepiness, CPAP/BiPAP use, sleep schedule, and sleep-related barriers to weight management.

Stress / Behavioral Factors:

Document stress level, mood, anxiety, depression symptoms, emotional eating, cravings, relationship with food, eating triggers, social support, motivation, readiness for change, and behavioral health involvement.

3c MEDICAL CONTEXT

Metabolic Comorbidities:

Document prediabetes, type 2 diabetes, insulin resistance, hypertension, dyslipidemia, metabolic syndrome, fatty liver disease, obstructive sleep apnea, PCOS, cardiovascular disease, kidney disease, gout, osteoarthritis, GERD, infertility, or other weight-related conditions.

Endocrine Contributors:

Document thyroid disease, Cushing syndrome symptoms, PCOS symptoms, hypogonadism symptoms, menopause/perimenopause symptoms, steroid exposure, and other hormone-related contributors when relevant.

Medication Contributors:

Document medications associated with weight gain, including glucocorticoids, insulin, sulfonylureas, antipsychotics, antidepressants, anticonvulsants, beta-blockers, hormonal therapies, and other relevant medications. Document medication changes and alternatives considered when relevant.

Anti-Obesity Medication History:

Document prior and current GLP-1 receptor agonists, dual incretin therapy, phentermine, phentermine/topiramate, naltrexone/bupropion, orlistat, metformin when used for metabolic support, response, side effects, contraindications, adherence, dose escalation, access barriers, and insurance coverage issues.

Bariatric Surgery / Procedure History, if applicable:

Document procedure type, date, preoperative weight, nadir weight, weight regain, complications, dumping symptoms, nutritional supplementation, follow-up with bariatric team, abdominal symptoms, and micronutrient monitoring.

Cardiovascular Risk Context:

Document hypertension, hyperlipidemia, coronary artery disease, stroke/TIA, peripheral artery disease, family history of premature cardiovascular disease, smoking/nicotine use, blood pressure control, statin use, and ASCVD risk when relevant.

Reproductive / Pregnancy Considerations, if applicable:

Document pregnancy status, pregnancy intentions, contraception, fertility goals, PCOS, gestational diabetes history, medication safety, lactation status, and OB/GYN or reproductive endocrinology involvement when relevant.

Past Medical and Surgical History:

Include obesity-related comorbidities, diabetes, hypertension, dyslipidemia, sleep apnea, fatty liver disease, PCOS, cardiovascular disease, kidney disease, thyroid disease, psychiatric conditions, eating disorder history if disclosed, bariatric surgery, abdominal surgery, or hospitalizations.

Family History:

Document family history of obesity, diabetes, cardiovascular disease, hypertension, dyslipidemia, fatty liver disease, sleep apnea, bariatric surgery, endocrine disorders, or premature cardiovascular disease.

Social / Environmental History:

Document occupation, work schedule, shift work, food environment, household eating patterns, caregiving responsibilities, financial barriers, transportation, cooking access, neighborhood safety for activity, alcohol use, tobacco/nicotine use, substance use, and support system.

Pertinent Negatives:

Document denial of red-flag symptoms when clinically relevant, including unexplained rapid weight loss, severe abdominal pain, persistent vomiting, pancreatitis symptoms, gallbladder symptoms, severe depression, suicidal ideation, chest pain, severe dyspnea, syncope, pregnancy when medication choice is relevant, or symptoms suggesting endocrine emergency.

ROS METABOLIC & WEIGHT MANAGEMENT REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Document pertinent positives and negatives:

Weight gain, weight loss, appetite change, cravings, fatigue, or reduced energy

Polyuria, polydipsia, blurred vision, hypoglycemia symptoms, or hyperglycemia symptoms

Snoring, witnessed apneas, daytime sleepiness, insomnia, or CPAP/BiPAP intolerance

Dyspnea with exertion, chest pain, palpitations, edema, or exercise intolerance

Reflux, abdominal pain, nausea, vomiting, constipation, diarrhea, gallbladder symptoms, or pancreatitis symptoms

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

Menstrual irregularity, infertility concerns, hirsutism, menopause symptoms, or pregnancy considerations

Mood changes, anxiety, depression symptoms, emotional eating, binge eating symptoms, or stress-related eating

Medication side effects, injection-site issues, adherence barriers, or access/insurance concerns

O OBJECTIVE

5 EXAMINATION

Document observed metabolic and weight management-relevant findings and examination details.

5a VITALS

TEMPERATURE

BLOOD PRESSURE

HEART RATE

RESPIRATORY RATE

OXYGEN SATURATION

HEIGHT

WEIGHT

BMI

WAIST CIRCUMFERENCE, IF APPLICABLE

NECK CIRCUMFERENCE, IF APPLICABLE

PAIN SCORE, IF APPLICABLE

5b EXAMINATION

General Appearance:

Document alertness, distress level, body habitus, mobility, comfort, hydration status, and overall clinical condition.

Head / Eyes / Ears / Nose / Throat:

Document findings relevant to sleep apnea risk, oral airway, thyroid-related features, and general metabolic health when assessed.

Neck / Thyroid:

Document neck circumference when relevant, thyroid enlargement, nodules, tenderness, lymphadenopathy, acanthosis, and airway-related findings.

Cardiovascular:

Document rate, rhythm, murmurs, edema, pulses, perfusion, and findings relevant to hypertension, cardiovascular disease, or fluid retention.

Pulmonary:

Document respiratory effort, breath sounds, dyspnea with movement, and findings relevant to obesity-related respiratory limitation or sleep-disordered breathing.

Abdomen:

Document central adiposity, tenderness, hepatomegaly, surgical scars, hernia, striae, injection sites, and findings relevant to fatty liver disease, bariatric surgery, or medication side effects.

Extremities:

Document edema, joint deformity, mobility limitation, gait, tenderness, peripheral pulses, and findings relevant to weight-related musculoskeletal disease.

Skin:

Document acanthosis nigricans, striae, hirsutism, acne, lipohypertrophy, injection-site reactions, intertrigo, ulcers, wounds, or signs of insulin resistance.

Neurologic:

Document mental status, gait, strength, sensation, neuropathy findings, and functional limitations.

Psychiatric:

Document mood, affect, motivation, insight, judgment, behavior, eating-related distress, anxiety, depression symptoms, and safety concerns when relevant.

AW ANTHROPOMETRIC / WEIGHT TREND ASSESSMENT

6 WEIGHT DATA

Document weight-related objective data. Include:

CURRENT WEIGHT

BMI

WAIST CIRCUMFERENCE WHEN AVAILABLE

WEIGHT CHANGE SINCE LAST VISIT

PERCENT TOTAL BODY WEIGHT LOSS WHEN APPLICABLE

HIGHEST WEIGHT AND BASELINE TREATMENT WEIGHT

WEIGHT NADIR AFTER LIFESTYLE, MEDICATION, OR SURGERY WHEN APPLICABLE

WEIGHT REGAIN PATTERN WHEN APPLICABLE

BODY COMPOSITION DATA WHEN AVAILABLE

FUNCTIONAL GOALS AND NON-SCALE OUTCOMES

COMPARISON TO PRIOR MEASUREMENTS

NL NUTRITION / LIFESTYLE ASSESSMENT

7 PATTERNS & BARRIERS

Document lifestyle patterns and barriers. Include:

MEAL TIMING AND STRUCTURE

PROTEIN INTAKE

FIBER INTAKE

FRUIT AND VEGETABLE INTAKE

SUGARY DRINKS AND LIQUID CALORIES

ULTRA-PROCESSED FOOD INTAKE

ALCOHOL INTAKE

HYDRATION

PHYSICAL ACTIVITY LEVEL

RESISTANCE TRAINING

SLEEP DURATION AND QUALITY

STRESS AND EMOTIONAL EATING TRIGGERS

SOCIAL SUPPORT AND ENVIRONMENTAL BARRIERS

READINESS FOR CHANGE

GOALS SET DURING THE VISIT

MM MEDICATION / ANTI-OBESITY THERAPY MONITORING

8 SAFETY REVIEW

Document medication safety review and monitoring. Include:

CURRENT ANTI-OBESITY OR METABOLIC MEDICATIONS

DOSE, ROUTE, FREQUENCY, AND TITRATION STATUS

ADHERENCE AND MISSED DOSES

TREATMENT RESPONSE AND WEIGHT CHANGE

APPETITE/CRAVING RESPONSE

SIDE EFFECTS AND TOLERABILITY

CONTRAINDICATIONS AND PRECAUTIONS

BLOOD PRESSURE AND HEART RATE CONSIDERATIONS

DIABETES MEDICATION ADJUSTMENT NEEDS

PREGNANCY/LACTATION CONSIDERATIONS WHEN RELEVANT

PANCREATITIS, GALLBLADDER, RENAL, PSYCHIATRIC, CARDIOVASCULAR, OR OTHER SAFETY CONCERNS WHEN RELEVANT

REFILL NEEDS, PRIOR AUTHORIZATION, SHORTAGE ISSUES, AND ACCESS BARRIERS

SHARED DECISION-MAKING AND COUNSELING PROVIDED

BP BARIATRIC / POST-PROCEDURE ASSESSMENT, IF APPLICABLE

9 SLEEVE FOLLOW-UP

Document bariatric surgery or weight-loss procedure follow-up. Include:

PROCEDURE TYPE AND DATE

PREOPERATIVE WEIGHT AND NADIR WEIGHT

CURRENT WEIGHT AND WEIGHT REGAIN PATTERN

DIETARY TOLERANCE

VOMITING, REFLUX, DYSPHAGIA, DUMPING, ABDOMINAL PAIN, OR BOWEL SYMPTOMS

PROTEIN AND FLUID INTAKE

VITAMIN AND MINERAL SUPPLEMENTATION

MICRONUTRIENT LAB MONITORING

COMPLICATIONS OR REVISION HISTORY

BARIATRIC TEAM FOLLOW-UP

NEED FOR NUTRITION, SURGICAL, GI, OR BEHAVIORAL HEALTH REFERRAL

ST SCREENING / ASSESSMENT TOOLS

10 SCORES & INTERPRETATION

Document standardized tools used and interpretation, if applicable. Include: BMI classification · Waist circumference risk assessment · ASCVD risk assessment · STOP-Bang or Epworth Sleepiness Scale when sleep apnea risk is relevant · PHQ-9 / GAD-7 when mood affects weight or function · Binge eating or eating behavior screen when clinically appropriate · Diabetes risk assessment · A1c or CGM metrics when relevant · Blood pressure staging when relevant · Fatty liver risk assessment or fibrosis score when used · Medication adherence assessment · Readiness-to-change assessment. Include score, result, interpretation, comparison to prior results, and limitations.

L LABORATORY AND DIAGNOSTIC RESULTS

11 REVIEWED & ORDERED

Document metabolic and weight management-relevant results reviewed or ordered. Include:

Metabolic Labs:

A1c, fasting glucose, fasting insulin when relevant, CMP, renal function, liver function, electrolytes, lipid panel, uric acid, and metabolic syndrome-related labs.

Endocrine Evaluation:

TSH, free T4, cortisol testing when clinically indicated, PCOS-related labs, testosterone/androgen testing when relevant, and other hormone testing based on symptoms.

Nutritional / Bariatric Labs:

CBC, iron studies, ferritin, vitamin B12, folate, thiamine, vitamin D, calcium, PTH, albumin, zinc, copper, and other micronutrients when relevant.

Cardiometabolic Testing:

Blood pressure trends, EKG, stress testing, coronary risk evaluation, sleep study, echocardiogram, and cardiology records when relevant.

Liver / Fatty Liver Evaluation:

ALT/AST trends, platelet count, fibrosis scores, liver ultrasound, FibroScan, MRI, hepatitis testing when indicated, and hepatology records.

Diabetes / Insulin Resistance Data:

A1c trend, glucose logs, CGM data, urine albumin/creatinine ratio, diabetes medication history, and complication screening when relevant.

Imaging / Procedures:

Abdominal imaging, bariatric operative reports, endoscopy, DEXA when relevant, joint imaging, and other weight-related diagnostic studies.

Prior Records Reviewed:

Primary care notes, endocrinology notes, obesity medicine notes, bariatric surgery notes, nutrition notes, diabetes education records, cardiology notes, sleep medicine notes, hepatology notes, behavioral health notes, medication history, and outside records.

A ASSESSMENT

12 METABOLIC INTERPRETATION

Provide metabolic and weight management-specific clinical interpretation: Primary metabolic or weight-related diagnosis or working diagnosis · Weight classification and clinical context · Weight trajectory and response to prior interventions · Metabolic risk profile and comorbidities · Contributing factors, including nutrition, physical activity, sleep, stress, medication effects, endocrine contributors, genetics/family history, and social determinants · Cardiovascular, glycemic, hepatic, sleep, musculoskeletal, reproductive, renal, and mental health considerations · Medication response, adherence, side effects, contraindications, and access barriers · Bariatric procedure status and nutritional risk when applicable · Need for lifestyle intervention, nutrition counseling, medication initiation/titration, bariatric referral, lab monitoring, sleep evaluation, diabetes management, cardiometabolic risk reduction, behavioral health support, or urgent escalation

P PLAN

13 MANAGEMENT BY PROBLEM

Outline metabolic and weight management care by problem. Include:

Weight management plan,

including individualized goals, target behaviors, expected pace of change, non-scale goals, and follow-up monitoring.

Nutrition plan,

including meal structure, protein intake, fiber intake, portion guidance, reduction of sugary drinks/liquid calories, reduction of ultra-processed foods, hydration, culturally appropriate food choices, and dietitian referral when indicated.

Physical activity plan,

including gradual activity progression, walking or low-impact exercise, resistance training, flexibility/balance work, activity precautions, pain-limited modifications, and physical therapy referral when indicated.

Sleep plan,

including sleep routine, sleep duration goals, sleep apnea screening, sleep medicine referral, CPAP/BiPAP adherence support, and shift-work strategies when relevant.

Behavioral plan,

including self-monitoring, goal setting, stress management, emotional eating strategies, binge eating evaluation when appropriate, behavioral health referral, and support systems.

Anti-obesity medication plan,

including medication selection, initiation, titration, continuation, discontinuation, side effect counseling, contraindication review, pregnancy precautions when relevant, refill/prior authorization plan, and monitoring.

Diabetes/prediabetes/insulin resistance plan,

including A1c monitoring, glucose monitoring, medication adjustment, nutrition/activity counseling, hypoglycemia prevention, and diabetes education referral when relevant.

Cardiometabolic risk plan,

including blood pressure management, lipid management, ASCVD risk reduction, smoking cessation, fatty liver management, sleep apnea management, and coordination with primary care or cardiology.

Bariatric surgery/procedure plan,

including eligibility discussion, referral, preoperative optimization, post-operative nutrition, micronutrient monitoring, weight regain evaluation, complication monitoring, and surgical team coordination.

Medication contributor plan,

including review of weight-promoting medications, discussion of alternatives with prescribing clinician when appropriate, and risk-benefit documentation.

Monitoring plan,

including weight, waist circumference, blood pressure, labs, medication tolerance, nutritional status, glucose/A1c, lipids, liver function, renal function, and follow-up interval.

Reproductive/pregnancy plan,

including contraception, pregnancy planning, medication safety, fertility goals, PCOS management, and OB/GYN or reproductive endocrinology coordination when relevant.

Referral and care coordination plan

with dietitian, diabetes educator, behavioral health, bariatric surgery, sleep medicine, cardiology, hepatology, physical therapy, primary care, endocrinology, OB/GYN, reproductive endocrinology, or emergency care when indicated.

Patient education

regarding diagnosis, realistic goals, medication use, nutrition, physical activity, sleep, behavioral strategies, complication prevention, warning signs, and when to seek urgent or emergency care.

F FOLLOW-UP

14 REASSESSMENT PLAN

Specify follow-up timeframe and purpose, including weight trend review, medication titration, side effect monitoring, nutrition follow-up, activity goal review, lab review, cardiometabolic risk reassessment, bariatric follow-up, sleep evaluation, behavioral support, or urgent return precautions.

TB TIME DOCUMENTATION & BILLING

15 TIME DOCUMENTATION (IF APPLICABLE)

TOTAL TIME SPENT

WEIGHT MANAGEMENT COUNSELING TIME

NUTRITION COUNSELING TIME

PHYSICAL ACTIVITY COUNSELING TIME

MEDICATION COUNSELING TIME

BEHAVIORAL / LIFESTYLE COUNSELING TIME, IF APPLICABLE

CARE COORDINATION TIME

RECORDS REVIEW TIME, IF APPLICABLE

LAB / IMAGING REVIEW TIME, IF APPLICABLE

15a BILLING CONSIDERATIONS — E/M / METABOLIC & WEIGHT MANAGEMENT CODING

E/M LEVEL: [E.G., 99202 / 99203 / 99204 / 99205 / 99212 / 99213 / 99214 / 99215]

INTENSIVE BEHAVIORAL THERAPY / OBESITY COUNSELING CODE(S), IF APPLICABLE

DIABETES / CGM REVIEW CODE(S), IF APPLICABLE

MEDICATION MONITORING DOCUMENTATION, IF APPLICABLE

NUTRITION / CARE COORDINATION CODE(S), IF APPLICABLE

BASIS FOR BILLING: [TIME-BASED / MEDICAL DECISION MAKING / MEDICATION MANAGEMENT / LIFESTYLE COUNSELING / TEST INTERPRETATION / CARE COORDINATION]

ICD-10 DIAGNOSIS CODES: [PRIMARY METABOLIC / WEIGHT MANAGEMENT DIAGNOSIS CODE + DESCRIPTION]

[SECONDARY OBESITY / PREDIABETES / DIABETES / DYSLIPIDEMIA / FATTY LIVER / SLEEP APNEA / MEDICATION MONITORING DIAGNOSIS CODE(S), IF APPLICABLE]

SO SIGNATURE

16 PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: METABOLIC & WEIGHT MANAGEMENT / ENDOCRINOLOGY / OBESITY MEDICINE

DATE

TIME

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