1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME
Rafael A. Moreno

DOB
09/03/1974

AGE/SEX
52 / Male

MRN / PATIENT ID
RAM-2209876

DATE OF SERVICE
11/05/2026

PROVIDER
Joanna Whitfield

CREDENTIALS
MD, DABOM (Obesity Medicine)

VISIT TYPE
Medication Management — post-bariatric weight regain

CARE SETTING
Outpatient — Obesity Medicine Clinic

PRIMARY CARE PROVIDER, IF APPLICABLE
Kevin Park, MD

REFERRING PROVIDER, IF APPLICABLE
Established patient (bariatric team referral 2024)

DIETITIAN / NUTRITIONIST, IF APPLICABLE
Lauren Ames, RD

BARIATRIC TEAM, IF APPLICABLE
Metro Bariatric Center — A. Singh, MD

INTERPRETER USED, IF APPLICABLE
Not required

CC CHIEF COMPLAINT

2 PRIMARY CONCERN

"I've put back 16 kilos since my sleeve. The semaglutide worked until my insurance dropped it. Now the liver scan says scarring, and my insurance will cover the new shot because of my sleep apnea. I want to get this under control before it's too late."

S SUBJECTIVE

3 PATIENT-REPORTED HISTORY

3a WEIGHT STORY

Reason for Metabolic / Weight Management Evaluation:

Anti-obesity medication management for post-bariatric weight regain, with new F2 fatty liver fibrosis, prediabetes, and sleep apnea.

Weight History:

Highest 148 kg before sleeve gastrectomy (03/2019). Nadir 96 kg (2020). Regained to 112.4 kg today (+16 kg). Lost 8 kg on semaglutide 2024, regained after it stopped. +2.1 kg since August. Goals: under 100 kg, walk the dog 30 minutes without knee pain, reverse liver scarring.

Weight-Related Symptoms and Functional Impact:

Knee pain after long shifts standing. Breathless on 2 flights of stairs. Reflux most nights. Daytime tiredness. Feels "like the surgery failed" — shame avoiding follow-up.

Prior Weight Management Attempts:

Commercial programs 2010s (lost 10 kg, regained). Sleeve gastrectomy 2019 (35% total weight loss at nadir). Phentermine 2022 — palpitations, stopped after 1 month. Semaglutide 2.4 mg 02–07/2024 — lost 8 kg, mild nausea; stopped when employer plan dropped coverage. Calorie app on and off.

3b LIFESTYLE & BEHAVIOR

Nutrition / Eating Pattern:

Chef and restaurant owner. Skips breakfast, tastes food all afternoon, large meal after closing at 23:30. Grazes on bread and desserts. Two glasses of wine most nights. Protein about 60 g/day. Few vegetables at home. Drinks while eating (against sleeve advice). Late-night cravings; occasional loss-of-control episodes (about twice monthly). No food insecurity.

Physical Activity:

On his feet 10 h/day (about 7,000 steps) but no planned exercise. No strength training. Knee pain limits walking. Willing to try swimming or a stationary bike mornings.

Sleep and Circadian Factors:

Sleeps 01:00–07:30. Severe OSA (pre-op AHI 38). CPAP used about 4 h/night (mask leak). Epworth 12. Late-night eating tied to schedule.

Stress / Behavioral Factors:

High work stress (staffing). Eats when exhausted after service. Mild low mood. Supportive wife. Motivated — readiness 8/10. Saw bariatric psychologist before surgery only.

3c MEDICAL CONTEXT

Metabolic Comorbidities:

Prediabetes (A1c 6.2%), hypertension, dyslipidemia, MASLD with F2 fibrosis, severe OSA, GERD with esophagitis (post-sleeve), knee osteoarthritis, gout (one flare 2023).

Endocrine Contributors:

No Cushingoid features. TSH normal. Low libido — testosterone borderline (see labs), likely obesity-related. No steroid exposure.

Medication Contributors:

Mirtazapine for sleep 2022–2023 (gained 5 kg) — stopped. Now no weight-promoting medications. Losartan is weight-neutral.

Anti-Obesity Medication History:

Semaglutide 2.4 mg (good response, nausea only); phentermine (palpitations). Never tried tirzepatide or naltrexone/bupropion. New plan covers tirzepatide under the OSA indication — prior authorization approved 10/28. No personal or family history of medullary thyroid cancer or MEN2. No pancreatitis.

Bariatric Surgery / Procedure History, if applicable:

Laparoscopic sleeve gastrectomy 03/2019 (148 kg). Nadir 96 kg. Regain 16 kg. New reflux 2021; EGD 2025: LA grade B esophagitis, no Barrett, no hiatal hernia repair. Cholecystectomy 2021 (gallstones after rapid loss). No dumping. Stopped bariatric multivitamin in 2023. Last bariatric team visit 2024.

Cardiovascular Risk Context:

Hypertension on losartan 50 mg (home 130s/80s). LDL 128, never on statin. No CAD, stroke, or PAD. Former smoker (quit 2015, 15 pack-years). Father — stroke at 61.

Reproductive / Pregnancy Considerations, if applicable:

Not applicable — no further family plans.

Past Medical and Surgical History:

As above. No eating disorder diagnosis. Sleeve gastrectomy 2019; cholecystectomy 2021; right knee arthroscopy 2017.

Family History:

Mother — obesity, type 2 diabetes. Father — hypertension, stroke at 61. Brother — gastric bypass 2020. No thyroid cancer or MEN2.

Social / Environmental History:

Owns a restaurant; works 14:00–23:30, 6 days. Constant food access at work. Wife and two teenagers eat separately on his schedule. Wine 2 glasses most nights (about 12 drinks/week). Former smoker. No other substances. Commercial insurance via his business.

Pertinent Negatives:

No abdominal pain, vomiting, dysphagia, black stools, chest pain, syncope, or suicidal thoughts.

ROS METABOLIC & WEIGHT MANAGEMENT REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Weight gain, weight loss, appetite change, cravings, fatigue, or reduced energy
Positive — regain, late-night cravings, fatigue.

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

Snoring, witnessed apneas, daytime sleepiness, insomnia, or CPAP/BiPAP intolerance
Positive — sleepiness, CPAP mask leak.

Dyspnea with exertion, chest pain, palpitations, edema, or exercise intolerance
Positive — dyspnea on stairs. No chest pain.

Reflux, abdominal pain, nausea, vomiting, constipation, diarrhea, gallbladder symptoms, or pancreatitis symptoms
Positive — nightly reflux. Gallbladder removed.

Joint pain, back pain, mobility limitation, falls, or activity-related pain
Positive — knee pain.

Menstrual irregularity, infertility concerns, hirsutism, menopause symptoms, or pregnancy considerations
Not applicable.

Mood changes, anxiety, depression symptoms, emotional eating, binge eating symptoms, or stress-related eating
Positive — stress eating, mild low mood.

Medication side effects, injection-site issues, adherence barriers, or access/insurance concerns
Prior coverage loss; now approved.

O OBJECTIVE

5 EXAMINATION

5a VITALS

TEMPERATURE 98.1 °F	BLOOD PRESSURE 136/86 mmHg	HEART RATE 82 bpm
RESPIRATORY RATE 16 /min	OXYGEN SATURATION 96% RA	HEIGHT 175 cm
WEIGHT 112.4 kg	BMI 36.7	WAIST CIRCUMFERENCE, IF APPLICABLE 118 cm
NECK CIRCUMFERENCE, IF APPLICABLE 44 cm	PAIN SCORE, IF APPLICABLE 3/10 (knees)	

5b EXAMINATION

General Appearance:

Alert, pleasant. Central obesity. Walks without aid; slow rising from chair.

Head / Eyes / Ears / Nose / Throat:

Mallampati 4. Large tongue. Faint CPAP strap marks.

Neck / Thyroid:

Neck 44 cm. Thyroid not palpable (habitus). No nodules felt. Mild acanthosis.

Cardiovascular:

Regular, no murmur. Trace ankle edema.

Pulmonary:

Clear, slightly reduced at bases (habitus). Mildly breathless after climbing onto exam table.

Abdomen:

Central adiposity. Healed laparoscopic port scars; no incisional hernia. Liver edge 2 cm below costal margin, smooth, non-tender. No striae. Mild epigastric tenderness.

Extremities:

Bilateral knee crepitus; mild varus. No effusion. Pulses normal.

Skin:

Acanthosis at neck and axillae. Skin tags on neck. Mild intertrigo under abdominal fold. No ulcers.

Neurologic:

Normal. 30-second sit-to-stand: 10 (below average for age).

Psychiatric:

Mildly flat, ashamed about regain; brightens with plan. Good insight. No safety concerns.

AW ANTHROPOMETRIC / WEIGHT TREND ASSESSMENT

6 WEIGHT DATA

CURRENT WEIGHT 112.4 kg	BMI 36.7 (class 2 obesity)
WAIST CIRCUMFERENCE WHEN AVAILABLE 118 cm (high risk above 102)	WEIGHT CHANGE SINCE LAST VISIT +2.1 kg since 08/2026
PERCENT TOTAL BODY WEIGHT LOSS WHEN APPLICABLE	HIGHEST WEIGHT AND BASELINE TREATMENT WEIGHT

PERCENT TOTAL BODY WEIGHT LOSS WHEN APPLICABLE

24% from 148 kg (was 35% at nadir)

HIGHEST WEIGHT AND BASELINE TREATMENT WEIGHT

148 kg (2019); baseline today 112.4 kg

WEIGHT NADIR AFTER LIFESTYLE, MEDICATION, OR SURGERY WHEN APPLICABLE

96 kg (2020, after sleeve)

WEIGHT REGAIN PATTERN WHEN APPLICABLE

Steady from 2021; faster after semaglutide stopped

BODY COMPOSITION DATA WHEN AVAILABLE

Bioimpedance: 36% fat, muscle 67 kg

FUNCTIONAL GOALS AND NON-SCALE OUTCOMES

Walk dog 30 min; stairs without stopping; better CPAP sleep

COMPARISON TO PRIOR MEASUREMENTS

Waist 112 → 118 cm since 2024

NL NUTRITION / LIFESTYLE ASSESSMENT

7 PATTERNS & BARRIERS

MEAL TIMING AND STRUCTURE

No breakfast, grazing, large meal at midnight

PROTEIN INTAKE

About 60 g/day (low for sleeve)

FIBER INTAKE

Low (about 12 g/day)

FRUIT AND VEGETABLE INTAKE

1–2 servings/day

SUGARY DRINKS AND LIQUID CALORIES

Wine ~12 drinks/week; no soda

ULTRA-PROCESSED FOOD INTAKE

Moderate (bread, desserts at work)

ALCOHOL INTAKE

12 drinks/week — above limit for fatty liver

HYDRATION

Mostly coffee; drinks with meals

PHYSICAL ACTIVITY LEVEL

Active job, no exercise

RESISTANCE TRAINING

None

SLEEP DURATION AND QUALITY

6.5 h; CPAP 4 h; Epworth 12

STRESS AND EMOTIONAL EATING TRIGGERS

Post-service exhaustion, staffing stress

SOCIAL SUPPORT AND ENVIRONMENTAL BARRIERS

Supportive wife; constant food at work

READINESS FOR CHANGE

8/10 (action stage)

GOALS SET DURING THE VISIT

Protein breakfast; finish eating by 00:30; wine 3 nights/week max

MM MEDICATION / ANTI-OBESITY THERAPY MONITORING

8 SAFETY REVIEW

CURRENT ANTI-OBESITY OR METABOLIC MEDICATIONS

None (starting tirzepatide)

DOSE, ROUTE, FREQUENCY, AND TITRATION STATUS

Tirzepatide 2.5 mg SC weekly ×4 weeks, then 5 mg

ADHERENCE AND MISSED DOSES

Not applicable yet

TREATMENT RESPONSE AND WEIGHT CHANGE

Baseline today

APPETITE/CRAVING RESPONSE

SIDE EFFECTS AND TOLERABILITY

Baseline: strong late-night cravings

Prior semaglutide: mild nausea

CONTRAINDICATIONS AND PRECAUTIONS

No MTC/MEN2, pancreatitis, or gallbladder (removed)

BLOOD PRESSURE AND HEART RATE CONSIDERATIONS

HR 82; may drop BP — monitor losartan

DIABETES MEDICATION ADJUSTMENT NEEDS

None (prediabetes, no glucose drugs)

PREGNANCY/LACTATION CONSIDERATIONS WHEN RELEVANT

Not applicable

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

Reflux may worsen; mood screen; hydration with alcohol

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

PA approved 10/28 to 10/2027 (OSA indication)

SHARED DECISION-MAKING AND COUNSELING PROVIDED

Options reviewed incl. revision to bypass; chose medication first

BP BARIATRIC / POST-PROCEDURE ASSESSMENT, IF APPLICABLE

9 SLEEVE FOLLOW-UP

PROCEDURE TYPE AND DATE

Laparoscopic sleeve gastrectomy, 03/2019

PREOPERATIVE WEIGHT AND NADIR WEIGHT

148 kg → 96 kg

CURRENT WEIGHT AND WEIGHT REGAIN PATTERN

112.4 kg; 16 kg regain (31% of lost weight)

DIETARY TOLERANCE

Tolerates all foods; large volumes now

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

Nightly reflux; no vomiting, dysphagia, or dumping

PROTEIN AND FLUID INTAKE

Protein low; drinks with meals

VITAMIN AND MINERAL SUPPLEMENTATION

Stopped bariatric multivitamin 2023

MICRONUTRIENT LAB MONITORING

Overdue — done today (iron, D low)

COMPLICATIONS OR REVISION HISTORY

GERD with grade B esophagitis; no revision

BARIATRIC TEAM FOLLOW-UP

Lapsed since 2024 — re-referred

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

Dietitian, bariatric surgery (revision opinion), GI, psychology

ST SCREENING / ASSESSMENT TOOLS

10 SCORES & INTERPRETATION

BMI 36.7 — class 2 obesity. Waist 118 cm — high risk. ASCVD 10-year risk 9.8% (intermediate). Epworth 12

(excessive sleepiness, partly CPAP under-use). PHQ-9 7, GAD-7 5. Binge Eating Scale 16 (mild; below 18 — no binge eating disorder; loss-of-control episodes noted). A1c 6.2% (prediabetes). BP stage 1 on treatment. FIB-4 1.6 (indeterminate) → FibroScan 10.2 kPa (F2), CAP 330 dB/m (marked fat). Adherence: good on prior therapy. Readiness 8/10.

L LABORATORY AND DIAGNOSTIC RESULTS

11 REVIEWED & ORDERED

Metabolic Labs:

A1c 6.2%. Fasting glucose 112. AST 48, ALT 71, GGT 84, ALP normal, albumin 4.1, bilirubin normal. Cr 0.94, eGFR 92. LDL 128, HDL 36, TG 238, non-HDL 176. Uric acid 7.9.

Endocrine Evaluation:

TSH 2.1. Morning total testosterone 268 ng/dL, free testosterone low-normal, SHBG 18, LH normal — obesity-related; recheck after weight loss rather than treat. Cortisol testing not indicated.

Nutritional / Bariatric Labs:

Hb 13.4, MCV 82. Ferritin 12 ng/mL, transferrin saturation 11% (iron deficiency without anemia). B12 410, folate normal, thiamine normal. 25-OH vitamin D 17 ng/mL (deficient), PTH 74 (secondary rise), calcium 9.2. Zinc and copper normal.

Cardiometabolic Testing:

Home BP 130s/80s. ECG 08/2026: sinus rhythm, normal. Coronary calcium score 2025: 46 (low-moderate). CPAP download: 4.1 h/night, residual AHI 3, large mask leak.

Liver / Fatty Liver Evaluation:

ALT 52 → 71 over 2 years. Platelets 214. FIB-4 1.6. FibroScan 10/2026: 10.2 kPa (F2), CAP 330. Ultrasound: diffuse fatty liver, no mass, normal spleen. Hepatitis B and C negative; hepatitis A and B immune.

Diabetes / Insulin Resistance Data:

A1c 5.8% (2020) → 6.0% (2024) → 6.2%. UACR 22 mg/g. No glucose-lowering medications.

Imaging / Procedures:

EGD 2025: LA grade B esophagitis, intact sleeve, no Barrett. 2019 operative report. Knee X-rays 2025: moderate medial OA both sides.

Prior Records Reviewed:

Bariatric records 2019–2024, our notes 2024–2026, PCP notes, sleep study 2018, CPAP download, GI/EGD 2025, FibroScan report, insurance PA approval letter.

A ASSESSMENT

12 METABOLIC INTERPRETATION

1) Class 2 obesity (BMI 36.7) with significant weight regain after sleeve gastrectomy (31% of lost weight back). This is a chronic disease relapse, not a personal failure. 2) Complications: MASLD with F2 fibrosis — the most urgent; prediabetes; severe OSA with CPAP under-use; hypertension; atherogenic dyslipidemia; GERD with esophagitis; knee OA; obesity-related low testosterone. 3) Drivers: late-night eating on a restaurant schedule, grazing at work, alcohol (12/week, also harms the liver), low protein, no strength training, stress eating, and loss of medication coverage. 4) Prior semaglutide response was good. Tirzepatide is the best fit: covered for OSA, larger expected loss (around 15–20%), benefits liver fat and glucose. Gallbladder risk removed (cholecystectomy). 5) Watch reflux on incretin therapy, given esophagitis. Endoscopic or surgical revision to bypass is the fallback if reflux worsens or response is poor. 6) Nutrition: iron deficiency and vitamin D deficiency with secondary hyperparathyroidism after stopping

bariatric vitamins. 7) Cardiovascular: ASCVD risk 9.8% with coronary calcium 46 — statin indicated. 8) Mood: mild low mood and loss-of-control eating — psychology support, not a binge eating disorder.

P PLAN

13 MANAGEMENT BY PROBLEM

Weight management plan,

Goal 10% loss (about 11 kg) in 6 months, then reassess toward under 100 kg. Expect 0.5–1 kg/week after dose step-ups. Non-scale goals: 30-minute dog walk, stairs without stopping, CPAP all night.

Nutrition plan,

Protein-first eating, 90–100 g/day: protein breakfast at 10:00 and a planned staff meal at 17:00 instead of grazing. Finish eating by 00:30; light late meal. No drinking 30 min before and after meals (sleeve rule). Fiber 25 g/day. Dietitian (L. Ames) in 2 weeks.

Physical activity plan,

Stationary bike or pool 20 minutes, 3 mornings/week, building to 150 min/week. Strength training 2×/week to protect muscle during weight loss. PT referral for knee-friendly program.

Sleep plan,

Sleep medicine for mask refit (leak). Goal CPAP all night, at least 6 h. Consistent 01:00–08:00 schedule. Repeat sleep study after 10–15% loss to re-titrate.

Behavioral plan,

Weekly weights and food photos in app. Post-service wind-down routine (shower, tea) before eating. Bariatric psychology for loss-of-control eating and shame. Wife joins the dietitian visit.

Anti-obesity medication plan,

Start tirzepatide 2.5 mg SC weekly ×4 weeks, then 5 mg; step up every 4 weeks as tolerated toward 10–15 mg. Injection technique taught today. Small meals, stop at first fullness, extra fluids. Call for severe abdominal pain or persistent vomiting. PA valid to 10/2027.

Diabetes/prediabetes/insulin resistance plan,

A1c in 3 months; goal under 5.7%. No glucose monitoring needed. Tirzepatide covers insulin resistance.

Cardiometabolic risk plan,

Start atorvastatin 20 mg (safe in MASLD). Continue losartan; lower dose if BP under 110 systolic with weight loss. Liver: alcohol limit at most 1 drink on 3 nights/week, aim for 7–10% loss, coffee is fine. Hepatology referral (F2). Repeat FibroScan in 12 months.

Bariatric surgery/procedure plan,

Re-engage bariatric team (Dr. Singh) for regain and reflux review; discuss conversion to Roux-en-Y bypass if reflux worsens or loss is under 5% at 6 months. Restart bariatric multivitamin daily.

Medication contributor plan,

None current. Avoid mirtazapine and similar in future; flagged in chart.

Monitoring plan,

Weight and waist each visit. Home BP weekly. CMP and lipids in 3 months. Ferritin, vitamin D, PTH in 3 months. A1c in 3 months. Repeat testosterone in 6 months.

Reproductive/pregnancy plan,

Not applicable.

Referral and care coordination plan

Dietitian, bariatric psychology, bariatric surgery, sleep medicine, hepatology, physical therapy. GI for reflux on incretin if worse (repeat EGD planned 2027). PCP updated on statin and supplements.

Patient education

Explained regain as biology, not failure. Supplements: ferrous sulfate 325 mg every other day (away from PPI dose where possible), vitamin D3 3,000 IU daily, bariatric multivitamin. Continue omeprazole 20 mg. Seek urgent care for severe abdominal pain, persistent vomiting, black stools, trouble swallowing, chest pain, or yellow skin.

F FOLLOW-UP

14 REASSESSMENT PLAN

Dietitian in 2 weeks. Nurse telehealth check at 4 weeks before the 5 mg step-up. Clinic visit in 8 weeks: weight trend, tolerance, reflux, BP. Labs in 3 months. Bariatric surgery, sleep, hepatology, and psychology visits within 6–8 weeks. Urgent return precautions as above.

TB TIME DOCUMENTATION & BILLING

15 TIME DOCUMENTATION (IF APPLICABLE)

TOTAL TIME SPENT
50 minutes

WEIGHT MANAGEMENT COUNSELING TIME
10 minutes (regain, goals)

NUTRITION COUNSELING TIME
10 minutes (protein, meal timing)

PHYSICAL ACTIVITY COUNSELING TIME
5 minutes

MEDICATION COUNSELING TIME
10 minutes (tirzepatide, injection teaching)

BEHAVIORAL / LIFESTYLE COUNSELING TIME, IF APPLICABLE
5 minutes (stress eating, alcohol)

CARE COORDINATION TIME
5 minutes (6 referrals)

RECORDS REVIEW TIME, IF APPLICABLE
5 minutes

LAB / IMAGING REVIEW TIME, IF APPLICABLE
Included above (FibroScan, labs)

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

E/M LEVEL
99215 (time ≥40 min) + G2211

INTENSIVE BEHAVIORAL THERAPY / OBESITY COUNSELING CODE(S), IF APPLICABLE
Not applicable (commercial plan; counseling in E/M time)

DIABETES / CGM REVIEW CODE(S), IF APPLICABLE
Not applicable

MEDICATION MONITORING DOCUMENTATION, IF APPLICABLE
Tirzepatide initiation; statin start

NUTRITION / CARE COORDINATION CODE(S), IF APPLICABLE

97802 — billed by dietitian

BASIS FOR BILLING

Time-based

ICD-10 DIAGNOSIS CODES

E66.812 — Obesity, class 2; Z68.36 — BMI 36.0–36.9, adult

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

K76.0 — Fatty liver, not elsewhere classified (MASLD, F2); G47.33 — Obstructive sleep apnea; R73.03 — Prediabetes; E78.5 — Hyperlipidemia; I10 — Hypertension; K21.00 — GERD with esophagitis, without bleeding; E61.1 — Iron deficiency; E55.9 — Vitamin D deficiency; Z98.84 — Bariatric surgery status

SO SIGNATURE

16 PROVIDER SIGN-OFF

PROVIDER NAME

Joanna Whitfield

CREDENTIALS

MD, DABOM

SPECIALTY

Metabolic & Weight Management / Endocrinology / Obesity Medicine

DATE

11/05/2026

TIME

15:50