

**GEORGE WOODMAN, MD/MIDSOUTH BARIATRICS
PHYSICIAN SUPERVISED DIET RECORD (Fax to (901) 869-2009)**

Supervised by (print) _____

Patient _____ Date _____

Height _____ Weight _____ Blood Pressure _____ / _____ HR _____

DIET:

_____ Low calorie (1000-1200 cal) _____ Very low cal (800 cal) _____ Diabetic diet

_____ Weight Watchers _____ Jenny Craig _____ Low Fat diet

_____ Low Carbohydrate diet _____ South Beach _____ Protein Diet

_____ Nutri-Systems _____ Medifast _____ Optifast

_____ Other _____

PHARMACOLOGICAL THERAPY:

_____ Phentermine _____ Adipex _____ Fastin _____ Redux

_____ Other _____

EXERCISE PROGRAM:

_____ Aerobic How often: _____ (min/day)

_____ Water aerobics _____ (days/week)

_____ Strengthening

_____ Walking

_____ Other: _____

ONGOING SUPPORT:

_____ Patient encouraged to continue working on diet and exercise

_____ Patient encouraged to attend support groups meetings

_____ Patient reminded that nutritional and psychological counseling are available

This patient has seen me for dietary instruction, exercise counseling, pharmacological therapy, and/or behavior modification therapy, and is following the guidance to the best of my knowledge.

NP/DOCTOR SIGNATURE: _____