

Patient Name: _____ DOB _____ Date _____ Age _____
 Height: _____ | Weight: _____ lbs. | BP: _____ / _____ | P: _____ bpm | Temp: _____ | RR: _____

EATING DISORDERS AND WEIGHT MANAGEMENT PROBLEMS

HPI: 1. location 2. quality 3. severity 4. duration 5. timing 6. context 7. modifying factors 8. associated signs & symptoms
 Anxiety about weight: Severity: 0 _____ 5 _____ 10 | Weight loss or gain since last visit: + - lbs.

Prior Assessment: Binge eating disorder Abnormal Weight Gain Overweight Other:

Medications for Weight Management: Zepbound Terzepatide Semaglutide Other:

Change in medication(s) since last visit: Yes No

Change – Now having severe anxiety, depression, suicidal thoughts: Yes No

Manageable GI Side Effects: Nausea, diarrhea, vomiting, constipation, abdominal pain, headache, fatigue, dyspepsia, abdominal distension, belching, hypoglycemia, and flatulence. Yes, if yes, circle. No

Unmanageable Side Effects: hypoglycemia (low blood sugar): dizziness or light-headedness, sweating, confusion or drowsiness, headache, blurred vision, slurred speech, shakiness, fast heartbeat, anxiety, irritability or mood changes, hunger, weakness, and feeling jittery. Yes, if yes, circle. No

Notes:

<input type="checkbox"/> Exam Elements		
7. Gastrointestinal: <input type="checkbox"/> Negative stool occult blood test <input type="checkbox"/> Positive FOBT <input type="checkbox"/> Sphincter tone WNL <input type="checkbox"/> Sphincter Hypertone <input type="checkbox"/> No hemorrhoids or masses <input type="checkbox"/> No hernias present	2. Constitutional: <input type="checkbox"/> Well developed, well nourished, NAD <input type="checkbox"/> Vitals	5. Respiratory: <input type="checkbox"/> Respiration is diaphragmatic & even; accessory muscles not used
1. Musculoskeletal: <input type="checkbox"/> Gait and station is symmetrical & balanced <input type="checkbox"/> Digits and nails show no clubbing, cyanosis, infections, petechiae, ischemia, or nodes)	3. Eyes: <input type="checkbox"/> Conjunctiva clear, no lid lag & deformity	6. Psychiatric: <input type="checkbox"/> Alert and oriented to time, place, and person <input type="checkbox"/> Mood and affect appropriate <input type="checkbox"/> Judgment & insight WNL <input type="checkbox"/> Recent and remote memory intact
	4. Ears, Nose, Mouth and Throat: <input type="checkbox"/> External ears & nose w/out scars, lesions, or masses <input type="checkbox"/> Hearing grossly intact	

Notes:

ASSESSMENT: Limited to Weight Management

Binge eating disorder Abnormal Weight Gain Overweight Other specified eating disorder

_____ _____

Plan: RTO in 1 week Call or come in sooner if Sx worsens or becomes unmanageable. RTO _____ D W M

Medical management with weekly therapeutic injections of a glucagon-like peptide-1 (GLP-1) receptor agonists.

Therapeutic Injection with an applicable clinician-administered dosage formulation of Terzepatide or Semaglutide drawn from a multidose vial differing in weekly amounts custom-tailored to the patient's clinical response.

Patient was counseled and agreed to see a PCP to manage all other medical issues/problems.

Medication for Weight Management: Zepbound Terzepatide Semaglutide Other:

Refer to PCP, hospital, or other specialty provider:

Other: