Height:\_\_\_\_\_\_\_ | Weight: \_\_\_\_\_ lbs. | BP: \_\_\_\_\_\_/\_\_­\_\_\_\_ | P:\_\_\_\_\_\_bpm | Temp:\_\_\_\_\_\_\_ | RR:\_\_\_\_\_\_\_

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| **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 & symptomsAnxiety 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: |
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❑ **Exam Elements**

**7. Gastrointestinal**:

❑ Negative stool occult blood test ❑ Positive FOBT

❑ Sphincter tone WNL ❑ Sphincter Hypertone

❑ No hemorrhoids or masses ❑ No hernias present

**1. Musculoskeletal:**

❑ Gait and station is symmetrical & balanced

❑ Digits and nails show no clubbing, cyanosis, infections, petechiae, ischemia, or nodes)

**2. Constitutional**:

❑ Well developed, well nourished, NAD

❑ Vitals

**3. Eyes**:

❑ Conjunctiva clear, no lid lag &deformity

**4. Ears, Nose, Mouth and Throat:**

❑ External ears & nose w/out scars, lesions, or masses

❑ Hearing grossly intact

**5. Respiratory**:

❑ Respiration is diaphragmatic & even; accessory muscles not used

**6. Psychiatric**:

❑ Alert and oriented to time, place, and person

❑ Mood and affect appropriate

❑ Judgment & insight WNL

❑ Recent and remote memory intact

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| **Notes:** |
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| **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: |
|  |

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