

McLaren Bariatric and Metabolic Institute
PHYSICIAN SUPERVISED WEIGHT LOSS PROGRAM DOCUMENTATION

Assessment and Treatment Plan for Obesity

To be eligible for bariatric surgery approval, the following documentation must be completed by a licensed Health Provider for 6-12 consecutive months depending on your patient's insurance plan.

Name of Patient: _____ Date of Service: _____

Weight: _____ BMI: _____ Blood Pressure: _____ Heart Rate: _____

Diet (Prescribed caloric restrictions, review of dietary intake and recommendations):

Notes: _____

Type of diet recommended: _____

Physical Activity (Physical exercise program appropriate for the member's age and physical condition, including expectations for compliance and recommendations)

Notes: _____

Behavioral Interventions (specific strategies and tools for overcoming barriers and improving dietary compliance review, for example, logbooks, support groups, stress management, problem solving, social support stimulus control)

Notes: _____

Pharmacotherapy (Issue must be addressed and documented. List FDA approved weight loss drugs and strength.)

Notes: _____

Physician Signature: _____ Date: ____ / ____ / ____

Please fax to: McLaren Bariatric and Metabolic Institute: (810) 342-5788

Office Phone: 888-342-5470

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M-31007 (12/14)



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PT.

MR.#/P.M.

DR.