

PHYSICIAN SUPERVISED DIET

Diet, Exercise, and Behavior Modification

Client name: _____

Date of birth: _____

Date of visit: _____

Nutrition prescription:

- | | | |
|---|---|---|
| <input type="radio"/> 1200 calories/day | <input type="radio"/> 1800 calories/day | <input type="radio"/> 2400 calories/day |
| <input type="radio"/> 1400 calories/day | <input type="radio"/> 2000 calories/day | <input type="radio"/> Other: _____ |
| <input type="radio"/> 1600 calories/day | <input type="radio"/> 2200 calories/day | |

Patient is to participate in the following exercise regimen 3-5 times per week:

- | | |
|--------------------------------|-----------------------------------|
| <input type="radio"/> Walking | <input type="radio"/> Gym |
| <input type="radio"/> Swimming | <input type="radio"/> Biking |
| <input type="radio"/> Curves | <input type="radio"/> Other _____ |
| <input type="radio"/> Yoga | |

OR Client is unable to participate in physical activity due to:

Height _____

Blood Pressure _____

Weight _____

Pulse _____

BMI _____

Nutrition counseling provided:

- Client counseling on importance of nutrition plan and exercise
- Client counseling provided on importance of behavior medications
 - Increase water intake to 60-80 oz per day
 - Take 30-45 minutes to eat a meal
 - Differentiate stomach hunger from head hunger
 - Avoid grazing mindlessly

Physician signature _____

Physician name: _____

Please fax to UT Weight Loss Institute – (210) 450-4937
or call (210) 438-8446 with any questions or concerns.