

Healthy Weight Assessment and Follow Up



Name: _____

Date: _____

Height	Current Weight	BMI	Classification (circle one)	Goal (circle one)	Goal Weight
			25 - 29.9 Overweight 30 - 34.9 Obesity Class I 35 - 39.9 Obesity Class II ≥40 Obesity Class III	Prevent further gain 5% weight loss 10% weight loss	6 months _____ 12 months _____

Current Activity Level

- Sedentary (activity <1 time/week; <4,000-6,000 steps/day)
- Moderate (activity 2-3 times/week; 4,000-6,000 steps/day)
- Active (activity >3 times/week; 7,000 steps/day)

Visit One

1. Assess Body Mass Index (BMI) and presence of comorbidities
2. Discuss current BMI and importance of weight loss with patient
3. Assess Readiness to Change
 - a. On a scale of 1-10 (10 being most important), how important is it to the patient to lose weight?
_____ Reasoning _____
 - b. On a scale of 1-10 (10 being very confident), how confident is the patient that they can lose weight?
_____ Reasoning _____
4. Establish a realistic weight loss goal that the patient feels confident they can achieve
5. Advise patient to complete the Healthy Weight Self-Assessment and log their food and activity in preparation for next visit

Provider Tools Available at priorityhealth.com

1. Healthy Weight Self-Assessment
2. Nutrition Log
3. Fitness Log

Referral Resources

1. Registered Dietitian
2. Hospital or community-sponsored weight management program
3. Weight Watchers (Priority Health members receive a 10% discount)

Visit Two Date _____ Weight _____ BMI _____

1. Monitor progress and provide support
2. Review Healthy Weight Self-Assessment and develop an action plan:

Physical Activity

1. Recommend an appropriate type of physical activity (walking, swimming, biking, etc.)
2. Set a progressive physical activity goal
 - Be Active in 10-minute bouts to reach 30 minutes 3 days per week for (circle one) one / two / _____ weeks
 - Be Active 30-minutes, 5 days of the week, for continued weight loss or maintenance

Healthy Eating

1. Recommend a healthy eating plan (check areas of focus)
 - Decrease intake of sugary beverages
 - Increase fruit and vegetable intake
 - Choose appropriate portions
 - Eat meals at regular times throughout the day
 - Decrease intake of processed bread products
 - Decrease intake of fast food
 - Decrease intake of sweets

Suggested handouts

1. Activity Log
2. Food Guide Pyramid
3. Nutrition Log
4. HealthFit discount list

Visit Three Date _____ Weight _____ BMI _____

1. Monitor progress
2. What is working _____
3. What is not working _____
4. Potential barriers to change _____
5. Reassess goals and modify action plan as needed _____

Visit Four Date _____ Weight _____ BMI _____

1. Monitor progress
2. What is working _____
3. What is not working _____
4. Potential barriers to change _____
5. Reassess goals and modify action plan as needed _____