

**MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA**

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE <b>WEIGHT REDUCTION CLASS NOTE</b>	OTSG APPROVED (Date) 16 January 1996
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S: Patient attended the weight reduction class.

O: Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Usual body weight (if different from current weight): \_\_\_\_\_

A: Provided patient with "What Goes Up...Can Come Down" handout. Instructed patient on the relationship between obesity and chronic diseases and provided patient with guidelines for healthy weight loss. Suggested lower-fat, lower-calorie food choices within each food group and made recommendations for decreasing fat and calories in the diet. Encouraged patient to participate in aerobic activity at least 30 minutes three (3) times per week.

P: Patient to schedule follow-up appointment as needed.

(Continue on reverse)

PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC Nutrition Clinic	DATE
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

- HISTORY/PHYSICAL       FLOW CHART
- OTHER EXAMINATION OR EVALUATION       OTHER (Specify)
- DIAGNOSTIC STUDIES
- TREATMENT