

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

CHOLESTEROL CLASS NOTE

OTSG APPROVED (Date)

S: Patient attended the cholesterol class.

O: Age: _____ Height: _____ Weight: _____

Labs-- Cholesterol: _____ mg/dL Triglycerides: _____ mg/dL HDL: _____ mg/dL LDL: _____ mg/dL

A: Instructed patient with the National Heart, Lung and Blood Institute's "Facts About Blood Cholesterol" handout. Recommended that the patient consume less than 30% of total calories from fat, less than 10% of total calories from saturated fat, and less than 300 mg of dietary cholesterol. Encouraged patient to participate in aerobic activity for at least 30 minutes, three 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

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