

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

S: The patient is seen today to begin a comprehensive, integrated body composition management program to decrease body fat and maintain body mass in order to positively impact metabolic and other pathophysiologic comorbidities which are associated with excess visceral adiposity. This program will rely on intensive lifestyle modification with regards to diet and exercise with careful monitoring of caloric intake, caloric expenditure and macronutrient proportions as well as monitoring of measureable clinical parameters as indicated.

O: BP \_\_\_\_/\_\_\_\_ Pulse \_\_\_\_ Weight \_\_\_\_ BF% \_\_\_\_ LBM \_\_\_\_ BMR \_\_\_\_

Calorie Recommendation: \_\_\_\_\_

A: Central (visceral) adiposity is one of the major underlying pathophysiologic etiologies of the patient's

- |                                               |                                                  |                                             |
|-----------------------------------------------|--------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Hypertension         | <input type="checkbox"/> Hypovitaminosis D       | <input type="checkbox"/> PCOS               |
| <input type="checkbox"/> Hyperlipidemia       | <input type="checkbox"/> Abnormal Weight Gain    | <input type="checkbox"/> Neuropathy         |
| <input type="checkbox"/> Hypertriglyceridemia | <input type="checkbox"/> Fibromyalgia            | <input type="checkbox"/> Metabolic syndrome |
| <input type="checkbox"/> Hyperglycemia        | <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Sleep apnea        |
| <input type="checkbox"/> Insulin Resistance   | <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Fatty Liver (NASH) |
| <input type="checkbox"/> Depression           | <input type="checkbox"/> Fatigue                 | <input type="checkbox"/> Thyroid            |
| <input type="checkbox"/> Low Back pain        |                                                  |                                             |

In an effort to treat these conditions at their root cause, the patient is enrolled in a comprehensive lifestyle modification/management program addressing dietary changes and resistive and aerobic exercise. The patient underwent extensive evaluation, including electrical bioimpedance testing to determine their lean body mass, % body fat, basal metabolic rate (BMR) and hydration level. Based on their BMR the patient was prescribed a moderate caloric restriction of daily calories, utilizing the formula BMR minus (10%) BMR or roughly caloric reduction by 1/3 of what they are currently consuming. They have also learned how to operate the web-based meal-planning program and the ADA exchange based program, with macronutrient recommendation set at 35% protein, 35% carbohydrate and 30% fat. These proportions may change if/when the patient shows signs of plateau or normalization of body composition. For exercise, to improve overall wellness and fitness as well as to accelerate loss of fat while maintaining muscle, the patient was instructed in an aerobic and resistance exercise program.

**PLAN:**

- Decrease caloric intake to approximately 2/3 of current consumption
- Increase protein to 35% of total calories to maintain LBM and BMR
- Decrease carbohydrates to 35% of total calories
- Use vegetables and low glycemic carbohydrate sources and reduce high glycemic foods
- The patient will use the Cornerstone High Protein Meal Replacement to partially replace a meal  
 once  twice daily
- The patient will be using dietary modification and meal on  
 Cornerstone website  myfitnesspal app  meal planning exchange based booklet
- Patient will use MetAssist one tab/ two tabs before meals to reduce carb craving
- Patient will begin OmegaHealth 2 softgels q day for lipid lowering and anti-inflammatory effects.
- The patient was strongly advised to meet their caloric, carbohydrate goals and to ensure that they maintain their LBM and therefore their BMR to protect against weight cycling

- Laboratory evaluation will be performed intermittently to gauge metabolic improvements, which will of course be a positive reinforcement for continuation of program.
- Patient will use resistance training and aerobic features on website to compose a realistic daily exercise plan to complement dietary intervention.
- The patient will follow up in  2 weeks  1 month  \_\_\_\_ months

**Time spent counseling the patient face-to-face: \_\_\_\_\_ minutes.**

\_\_\_\_\_

Name: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Seen in follow up today for continued treatment of their diagnosis (see initial visit) utilizing dietary modification and exercise to elicit improvement of these conditions. The patient is experiencing no/some side effects of the program including:

constipation  diarrhea  flatulence  hunger  fatigue  boredom

other: \_\_\_\_\_

They are having **no / some / significant** technical problems with the meal planning program/dietary exchange program and these were addressed today.

**Exam:**

BP \_\_\_\_/\_\_\_\_ Pulse \_\_\_\_ Weight \_\_\_\_ BF% \_\_\_\_ LBM \_\_\_\_ BMR \_\_\_\_

**Calorie Recommendation:** \_\_\_\_\_

**Assessment/Plan**

On a 0-10 scale, 0 representing no compliance with dietary modification and 10 as complete compliance, they receive a grade of **0 1 2 3 4 5 6 7 8 9 10** based on history and review of patient's food log.

Behavioral techniques of positive reinforcement were utilized where appropriate and the patient was counseled utilizing supportive collaborative problem solving to deal with problem areas. The patient will be utilizing the following :

Meal Replacement 1 or 2 per day  Metassist 1 or 2 per day  OmegaHealth

We will continue to monitor their dietary intake, body composition parameters and pathophysiologic correlates. The patient will be seen back in  2 weeks  1 month  \_\_\_\_ months to continue their integrated total body composition program utilizing dietary and lifestyle modification.

**Time spent counseling the patient face-to-face: \_\_\_\_\_ minutes.**

Physician signature: