# Adult Weight Management Toolkit

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# Medical Nutrition Therapy Adult Weight Management Initial Progress Note

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<thead>
<tr>
<th>Name:</th>
<th>MR#</th>
<th>Ethnicity:</th>
<th>Referring physician:</th>
<th>Date:</th>
<th>DOB:</th>
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**Nutrition Assessment**

Patient states (chief complaint):

**Client History** (social, personal, medical/health (dieting history) and medication-supplement (names/dose) history):

**Dieting History:**

**Baseline for Outcomes Monitoring:**

**Food and Nutrition History:**

<table>
<thead>
<tr>
<th>Energy intake:</th>
<th>% of estimated energy needs:</th>
<th>%</th>
<th>% calories from fat:</th>
<th>%, calories from carbohydrate:</th>
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Other nutrient analysis:

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<tr>
<th>Y</th>
<th>N</th>
<th>Patient behaviors (check yes or no, indicate frequency):</th>
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<tbody>
<tr>
<td></td>
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<td>Consumes dairy foods: ____ servings/day</td>
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<td>Dines away from home: ____ times per week. Location(s): Restaurants (4-5x) and Fast food (2-3x)</td>
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<td>Selects appropriately when dining out. If no, explain: Difficulty with portion control</td>
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<td>Reads food labels and uses labels to make appropriate food selections</td>
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<td>Modifies food preparation and recipes to reduce calories</td>
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<td>Limits portion sizes</td>
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<td>Maintains vitamins/minerals adequacy (specify possible deficiencies):</td>
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**Physical Activity**

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<th>Indicate Type/Duration/Frequency for:</th>
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<tr>
<td>Moderate:</td>
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<td>Vigorous:</td>
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**Sedentary Time:**

**Nutrition Quality of Life:** (List points in each category)  
Food Impact_____ of 9; Self-Image_____ of 6; Psychological Factors_____ of 10; Social/Interpersonal_____ of 7; Physical_____ of 9; Self-efficacy_____ of 9

**Additional Pertinent Information** (food consumption including use of meal replacements, nutrition/health awareness and management, food availability):

**Biochemical Data and Risk Assessment:**

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<tr>
<th>Lipid Profile/pertinent labs</th>
<th>Date:</th>
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<tr>
<td>Total Cholesterol mg/dL</td>
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<td>LDL Cholesterol direct mg/dL</td>
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<td>Non HDL (if TG &gt;200 mg/dL)</td>
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<tr>
<td>Disease Risk Category (Increased, High, Very High, Extremely High)</td>
<td>Obesity Health Risk (High, Very High)</td>
<td>CHD Risk (&lt;10, 10-20, &gt;20%)</td>
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</tbody>
</table>

**Anthropometric Measurements:**  
Ht.____ Wt.______ BMI _____ WC _____

**Weight History:**

**Physical exam findings:** (oral health, physical appearance, affect)  
BP____ Pulse____

**Energy Balance:** Resting Metabolic Rate (RMR)  
Based on ______ Indirect Calorimetry ______ Predictive Equation: ______ Mifflin St. Jeor ______ Other-List: ______

Total Energy Expenditure (TEE)____ (RMR x Physical Activity Level)

**Nutrition Diagnosis:** (Select priority nutrition diagnoses)

- NI-1.5 Excessive energy intake
- NI-2.2 Excessive oral food/beverage intake
- NI-4.3 Excessive alcohol intake
- NI-5.6 Excessive oral food/beverage intake
- NI-5.8.3 Inappropriate intake of food fats—specify:  
  □ NB-1.1 Food, nutrition related knowledge deficit  
  □ NB-1.3 Not ready for diet/lifestyle change  
  □ NB-1.6 Limited adherence to nutrition-related recommendations  
- NI-5.8.5 Inadequate fiber intake  
- Other:  
- NC-2.3 Food-medication interaction  
- NC-3.3 Overweight/obesity  
- NC-3.4 Limited adherence to nutrition-related recommendations  
- NB-2.1 Physical inactivity  

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Adult Weight Management Toolkit
**Nutrition Prescription** (include nutrition needs):

**Nutrition Interventions**

<table>
<thead>
<tr>
<th>Meal and Snacks:</th>
<th>Vitamin and Mineral Supplements:</th>
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<tbody>
<tr>
<td></td>
<td>ND-1.1 General/healthful diet</td>
</tr>
<tr>
<td></td>
<td>ND-1.2 Modify distribution, type or amount of food and nutrients within meals or at specified time</td>
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<tr>
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<td>ND-1.3 Specific foods/beverages or groups</td>
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<td>ND-1.4 Other:</td>
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<tr>
<td>Goal/Expected Outcome:</td>
<td>Goal/Expected Outcome:</td>
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<thead>
<tr>
<th>Medical Food Supplements (Type):</th>
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<tr>
<td>ND-3.1.1 Commercial beverage</td>
</tr>
<tr>
<td>ND-3.1.2 Commercial food</td>
</tr>
<tr>
<td>ND-3.1.3 Modified beverage</td>
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<tr>
<td>ND-3.1.4 Modified food</td>
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<td>Goal/Expected Outcome:</td>
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<table>
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<tr>
<th>Nutrition-Related Medication Management:</th>
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<tbody>
<tr>
<td>ND-6.1 Initiate</td>
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<tr>
<td>ND-6.2 Dose change</td>
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<td>ND-6.3 Form change</td>
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<td>ND-6.4 Route change</td>
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<tr>
<td>ND-6.5 Administration schedule:</td>
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<td>ND-6.6 Discontinue</td>
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<td>Goal/Expected Outcome:</td>
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<thead>
<tr>
<th>Initial/Brief Nutrition Education:</th>
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<tr>
<td>E-1.1 Purpose of nutrition education</td>
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<td>E-1.2 Priority modifications:</td>
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<tr>
<td>E-1.3 Survival information</td>
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<td>E-1.4 Other:</td>
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<td>Goal/Expected Outcome:</td>
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<th>Nutrition Counseling:</th>
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<tr>
<td>C-1 Theoretical Basis/Approach</td>
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<tr>
<td>C-2 Strategy</td>
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<th>Comprehensive Nutrition Education:</th>
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<tr>
<td>E-2.1 Purpose of the nutrition education</td>
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<tr>
<td>E-2.2 Recommended modifications</td>
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<td>E-2.3 Advanced or related topics</td>
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<td>E-2.4 Result interpretation</td>
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<tr>
<td>E-2.5 Skill development</td>
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<td>Other:</td>
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<td>Goal/Expected Outcome:</td>
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<tr>
<th>Coordination of Other Care During Nutrition Care:</th>
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<tbody>
<tr>
<td>RC-1.1 Team meeting</td>
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<tr>
<td>RC-1.2 Referral to RD with different expertise</td>
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<td>RC-1.3 Collaboration/referral to other providers</td>
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<td>RC-1.4 Referral to community agencies/program</td>
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<td>Goal/Expected Outcome:</td>
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<tr>
<th>Other:</th>
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<tr>
<td>Goal/Expected Outcome:</td>
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</table>
Materials Provided:

- Dairy Foods and Weight Loss: Is There a Connection?
- Low-Carbohydrate Diets: Hype or Hope?
- Meal Patterns and Weight Control
- Meal Replacements as a Weight Management Tool
- Portion Distortion
- The Importance of Meal Timing
- Alcohol Tips
- The Importance of Meal Timing
- Alcohol Tips

Follow Up Plan for Monitoring and Evaluation (✓ indicator and specify criteria)

<table>
<thead>
<tr>
<th>Nutrition-Related Behavioral-Environmental Outcomes</th>
<th>Food and Nutrient Intake Outcomes</th>
<th>Nutrition Quality of Life</th>
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<tr>
<td>Beliefs/Attitudes</td>
<td>Energy Intake</td>
<td>Food impact</td>
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<td>Physical state</td>
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<td>High biological value protein</td>
<td>Psychological factors</td>
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<td></td>
<td>Beverage Intake</td>
<td>Self-image</td>
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<td>Oral Fluids Amounts</td>
<td>Self-efficacy</td>
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<td>Liquid meal replacement</td>
<td>Social/interpersonal factors</td>
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<td>Food intake</td>
<td>Nutrition quality of life score</td>
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<td>Food variety</td>
<td>Other:</td>
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<tr>
<td></td>
<td>Number of food group servings</td>
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<td>Alcohol intake</td>
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<td></td>
<td>Carbohydrate intake</td>
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<td>Drink size/volume</td>
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<td>Frequency</td>
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<td>Bioactive substance intake</td>
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<td>Plant sterol and stanol esters</td>
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Related to Intervention (code) __________

Criteria:

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<tr>
<th>Anthropometric</th>
<th>Lipid profile</th>
<th>Nutrition physical exam findings</th>
<th>Nutrition Quality of Life</th>
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<tr>
<td>Body mass index (kg/m2)</td>
<td>Cholesterol, serum</td>
<td>Cardiovascular-pulmonary</td>
<td>Food impact</td>
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<td>IBW or UBW percentage</td>
<td>Cholesterol, HDL</td>
<td>Extremities, musculo-skeletal</td>
<td>Physical state</td>
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<td>Weight/weight change</td>
<td>Cholesterol, LDL</td>
<td>Vital signs:_________________</td>
<td>Psychological factors</td>
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<td>Body fat percentage</td>
<td>Triglycerides, serum</td>
<td>Other:____________________</td>
<td>Self-image</td>
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<td>Triceps skin fold</td>
<td>Nutrition related physical exam findings</td>
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<td>Self-efficacy</td>
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<td>Waist circumference</td>
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<td>Pre-prandial capillary plasma glucose</td>
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<td>Peak postprandial capillary plasma glucose</td>
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Related to Intervention (code) __________

Criteria:

Next Visit: ______________________  RD Signature: ______________________