



Plan of Care for Weight Loss Therapy with GLP-1 Peptide Therapies

Patient Name: _____ DOB: _____

Date: _____

Assessment

Medical History:

- Comprehensive review of patient's medical history, including previous weight loss attempts, comorbidities (e.g., diabetes, hypertension, hyperlipidemia), and current medications.

Current Medical Conditions	Past Medical Conditions (Resolved)	Current Medications

Note: Please continue on back if needed

- Baseline weight _____, BMI _____, and waist circumference _____.
 - Blood tests to evaluate metabolic parameters (e.g., fasting glucose, HbA1c, lipid profile, liver function tests).
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Goals

- Achieve a weight loss of 5-10% of initial body weight over 6-12 months.
 - Improve metabolic health parameters (e.g., lower blood glucose levels, improve lipid profile).
 - Enhance overall wellbeing and quality of life.
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Physical Examination: Document all abnormal findings.

- Vital signs

Blood Pressure	/
Pulse	
SpO2	%

- Physical examination focused on weigh-related conditions.

General Appearance:

General Appearance: Well-developed, well-nourished, appears stated age, no acute distress. _____

Skin Inspection: Assess for signs of acanthosis nigricans, skin tags, striae, and other skin changes associated with obesity or rapid weight loss.

Palpation: Check for edema, especially in the lower extremities.

Head, Eyes, Ears, Nose, Throat (HEENT):

Head: Normocephalic, atraumatic. _____

Eyes: No xanthelasma, conjunctivae and sclerae clear. _____

Neck: Neck Size _____

Inspection and Palpation: No goiter, masses, or lymphadenopathy. _____

Thyroid: Non-enlarged, non-tender, no nodules. _____

Cardiovascular:

Inspection: No visible pulsations, jugular venous distension. _____

Auscultation: Regular rate and rhythm, no murmurs, gallops, or rubs.

Respiratory:

Inspection: No signs of respiratory distress, normal respiratory rate and effort.

Auscultation: Clear to auscultation bilaterally, no wheezes, rales, or rhonchi.

Abdomen:

Inspection: No distension, striae, or scars. _____

Auscultation: Bowel sounds present in all quadrants. _____

Palpation: Soft, non-tender, no hepatomegaly or splenomegaly, no masses. _____

Musculoskeletal:

Inspection and Palpation: No joint swelling, deformities, or tenderness. _____

Range of Motion: Full range of motion in all major joints. _____

Neurological:

Mental Status: Alert and oriented x3. _____
Cranial Nerves: II-XII grossly intact. _____
Motor: 5/5 strength in all extremities. _____

Extremities:

Inspection: No cyanosis, clubbing, or edema.
Peripheral Pulses: 2+ bilaterally in upper and lower extremities.

Psychosocial:

Mood and Affect: Appears well, no apparent distress. _____
Behavior: Cooperative, good eye contact. _____
Psychosocial Evaluation: Screening for depression, anxiety, and eating disorders as appropriate. PHQ-9 Score = _____

Psychosocial Assessment:

- Assessment of patient's motivation and readiness to change.

Interventions

1. Medication Management:

- Prescribe GLP-1 peptide therapy as indicated (e.g., Semaglutide, Tirzepatide).
- Educate patient on proper administration of GLP-1 therapy, including injection technique, dosage, and potential side effects.
- Monitor for adverse reactions and adjust dosage as necessary.

2. Nutritional Counseling:

- Recommend a nutritionist for personalized nutrition plan.
- Educate patient on portion control, balanced meals, and healthy food choices.
- Encourage keeping a food diary to track eating habits and identify areas for improvement.

3. Physical Activity:

- Develop a tailored exercise plan that includes both aerobic and strength-training activities.
- Encourage at least 150 minutes of moderate-intensity aerobic activity per week.
- Promote incorporation of physical activity into daily routine (e.g., taking the stairs, walking during breaks).
- Recommend working with a personal trainer to develop an individualized exercise plan/regimen.

4. Behavioral Therapy:

- Recommend management and coping strategies to prevent emotional eating. (e.g., books, internet resources, etc.)
- Provide resources for support groups or weight loss programs.

5. Regular Follow-Up:

- Schedule follow-up visits every 4 weeks to monitor progress and make necessary adjustments.
- Assess weight, BMI, and waist circumference at each visit.
- Review patient's food and activity diary, discuss challenges, and celebrate successes.
- Conduct periodic laboratory tests to monitor metabolic health improvements.

Patient Education

- Provide educational materials on the benefits and potential side effects of GLP-1 peptide therapy.
- Discuss the importance of adherence to medication, diet, and exercise regimen.
- Educate patient on recognizing signs of hypoglycemia and other potential side effects.
- Emphasize the importance of regular follow-up visits for ongoing support and monitoring.

Expected Outcomes

- Gradual and sustained weight loss.
- Improvement in metabolic parameters (e.g., lower HbA1c, improved lipid profile).
- Enhanced energy levels and physical fitness.
- Improved mental health and reduction in weight-related comorbidities.
- Develop long-term sustainable lifestyle modifications.

I, _____ have read and understand the care plan outlined for my weight loss therapy with GLP-1 peptide therapies. I acknowledge that adherence to the guidelines and recommendations provided by my healthcare provider is essential for the success of my treatment. I understand that failure to follow these guidelines may result in potential adverse reactions and I may no longer be eligible to continue the program.

By signing below, I agree to actively participate in my care, attend all scheduled follow-up appointments, and communicate any concerns or issues promptly to my healthcare provider.

Provider Signature

Patient Signature

Date

Date