



# Weight Management Pilot

## End of Year Progress Report Form

### Patient Information

Patient First and Last Name \_\_\_\_\_

Height \_\_\_\_\_ Weight (LBS) \_\_\_\_\_ Body Mass Index (BMI) \_\_\_\_\_

Blood Pressure (ex: 120/80 mm Hg) \_\_\_\_\_ AIC (Ex: 6.1%) \_\_\_\_\_

Cholesterol: LDL \_\_\_\_\_ HDL \_\_\_\_\_ Triglycerides \_\_\_\_\_

**All information must be completed to be accepted by the Weight Management Pilot Program. DSGI will not accept incomplete end of year progress report forms.**

A signature on this form indicates the information above is true and correct as of the date signed.

### Physician Signature

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_