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 ____________________________