

Name: _____ Date: ____/____/____

Age: _____ Gender: _____ Height: _____ Weight: _____
(without shoes) (without shoes)

BMI: _____ Waist Circumference (measure at navel): _____ BP: _____

BMI Classification: _____ High Risk Weight Circumference: YES NO

Current Health Conditions that place patient at very high risk: (check all that apply)

- _____ Coronary Heart Disease
- _____ Other Atherosclerotic Diseases (PVD, AAA, or symptomatic carotid artery disease)
- _____ Type 2 Diabetes
- _____ Sleep Apnea
- _____ Other: _____

Patients Risk Factors associated with overweight or obesity: (check all that apply)

- _____ High Blood Pressure
- _____ High LDL Cholesterol
- _____ Low HDL Cholesterol
- _____ High Triglycerides
- _____ High Blood Sugar
- _____ Cigarette Smoking
- _____ Age greater than 45 for men; greater than 55 for women
- _____ Physical Inactivity
- _____ Family History of Premature Coronary Heart Disease

Patients Disease Risk:

_____ Low _____ Increased _____ High _____ Very High _____ Extremely High

Treatment Recommendation / Prescription:

- _____ Weight loss utilizing Lifestyle therapy (Diet, Physical Activity, and Behavior Therapy)
- _____ Weight maintenance/Prevent further weigh gain

Name of Physician

Signature of Physician

Date

**Please fax this sheet and copy the following labs to:
Rothman Institute, ATTN: Carey L. Bush, RD, LDN at 609-383-2713**

Rothman Institute Wellness Program requests the following labs:

- _____ Lipid Profile (Total Cholesterol, HDL, LDL, Triglycerides)
- _____ Complete Blood Count
- _____ Metabolic and Chemistry Profile
- _____ Thyroid Function Test (T4, TSH)
- _____ Fasting Blood Glucose
- _____ Hemoglobin A1C