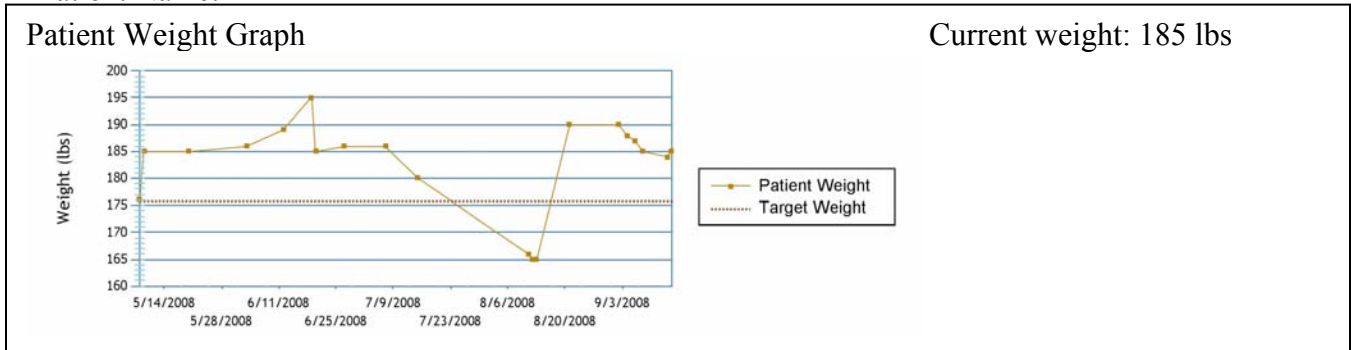


Provider: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_\_\_

Patient Name: \_\_\_\_\_



**Comments to participant:**

**Basic (HELP):**

- **Help** by acknowledging that losing weight is challenging.
- **Encourage** keeping scheduled contacts with coach, logging in to record weight, exercise, food.
- **Let patient** know program is based on scientifically verified (tried and true) principles.
- **Point out** individual benefits of weight loss (e.g. BP, glucose control). *Even a small weight loss will help your...*

**Additional (if time allows):**

- **Comment on weight change** (e.g. *It's great that you have been losing weight, or It's great that you are sticking with the program.*)
- **Reinforce tracking:** *The more you track your behavior and log in the more likely you are to achieve weight loss success.*

Notes to POWER coach: \_\_\_\_\_

Report Reviewed w pt on: \_\_\_/\_\_\_/\_\_\_

Patient Initials: \_\_\_\_\_

Medical event or Rx change affecting ability to exercise:  No event  Yes

Describe briefly: \_\_\_\_\_

Rx change affecting weight  No  Yes

Describe briefly: \_\_\_\_\_

Personal event affecting ability to exercise:  No event  Yes

Describe briefly: \_\_\_\_\_

Time (min) spent on weight loss counseling: None 1 2 3 4 5 More: (specify): \_\_\_\_\_

Comments covered:  None  Basic  Additional

Other: \_\_\_\_\_