

Sample of 6 months diet history letter from PMD

Date

Dr. David Buchin
224 Wall Street
Suite 101
Huntington NY 11743

RE: Pt Name DOB

Dear Dr.Buchin,

Please be advised was seen in this office in March of 2006. At that time the patient's weight was lbs attall with a BMI of She currently weighs lbs.

..... has been working with me in relation to weight loss efforts and obesity related disorders. has tried various diet plans with little success. Very few pounds are lost and those few are quickly regained.

The patient suffers withie .diabetes, hypertension, varicose veins.....and an esophageal hernia. She suffers from multiple symptoms of morbid obesity including fatigue and shortness of breath....joint pain

FromMonth.....year, through Month.....Year, ...pt. name..... has attempted a low calorie diet under my care. I have counseled her/her on a monthly basis regarding food choices and calorie intake, in conjunction with her related health problems. Increased physical activity has also been advised, but not achieved.

Her/his weights are as follows:

- date.....weight
- date.....weight
- date.....weight
- date.....weight
- dateweight
- date.....weight
- date.....weight

I believe that the patient has exhausted non-surgical weight loss therapies and should be considered for bariatricsurgery.

Sign

PMD