

Physician-Supervised Diet History

Patient: _____

Date: _____ Doctor Name _____

DOB: _____ SSN: _____

Doctor Signature: _____

<i>DATE OF APPT</i>	<i>WEIGHT</i>	<i>DIET PLAN</i>	<i>EXERCISE</i>	<i>BEHAVIORAL ** MODIFICATIONS</i>	<i>COMMENTS/COMPLIANCE</i>

This is an **example** of diet history that will meet the requirements of most insurance companies. Policy stipulations regarding diet duration and requirements vary. In addition, your insurance company may have other requirements. We recommend you contact your insurance company directly for details. Your insurance may still require copies of medical records with this information.

- Ditto marks (“) are not accepted by insurance companies as sufficient documentation.
- It is suggested that the patient schedule 6 more monthly visits after their first visit to ensure consecutive documentation.
- Submit this form with copies of the medical records for each individual visit.

***Behavioral modifications examples: only 3 meals per day, no snacking, no eating after 7p.m., not skipping breakfast, etc.*

Please return completed diet history information to your Patient Advocate at the following address:
 Southwest Bariatric Surgeons, 8701 Shoal Creek Blvd., Ste 201, Austin, TX 78757 • Fax: (512) 334-1890 • Phone: (512) 334-1885