HOPE MEDICAL RECORD TEMPLATE (suggested)

For Individual Billing Clinician or Health Coach Visits, May be used for Group Visits

Instructions: This document is to provide guidance on documentation for the purposes of data collection through medical record abstraction toward the end of the project. Use the format that works best for you.

Please use this outline for all accepted/enrolled patients. No documentation other than the excel tracking is needed for those who decline. For those participating in group visits, you may use this template or the Group Visit Data Collection Template. Just let your practice facilitator (PF) know which one you are choosing.

Note: if you are using IBT for obesity billing, this also requires that you document how you did the 5 A’s: ask, advise, assess, assist, arrange, however, that is not required for this project evaluation.

At enrollment/1st visit:

Height

Weight

Put in program materials or include in record: Agreement to program goal: 10% body weight loss (Yes/No-state patient goal for this if other) and 175 minutes weekly of exercise (Yes/No-state patient goal for this if other)

Goal until next visit: INCLUDE the patient’s goal

Quality of Life (QOL): INCLUDE the questions and the patient’s answers to the questions

Topics covered/session number from HOPE

Any other relevant notes

Each visit:

Weight/NA (decline or TH visit)

Progress with goal from last visit: Achieved/Partially achieved/Not achieved

Goal until next visit: INCLUDE the patient’s goal

Minutes of physical activity: INCLUDE the number of minutes

Review of self-monitoring: Yes/No/NA

Topics covered/session number from HOPE

Any other relevant notes

6 months:

Weight/NA (decline or TH visit)

Progress with goal from last visit: Achieved/Partially achieved/Not achieved

Goal until next visit: INCLUDE the patient’s goal

Minutes of physical activity: INCLUDE the number of minutes

Review of self-monitoring: Yes/No/NA

Quality of Life (QOL): INCLUDE the questions and the patient’s answers to the questions

Topics covered/session number from HOPE

Any other relevant notes

12 months:

Weight/NA (decline or TH visit)

Progress with goal from last visit: Achieved/Partially achieved/Not achieved

Goal until next visit: INCLUDE the patient’s goal

Minutes of physical activity: INCLUDE the number of minutes

Review of self-monitoring: Yes/No/NA

Quality of Life (QOL): INCLUDE the questions and the patient’s answers to the questions

Topics covered/session number from HOPE; Any other relevant notes