Board Inspection

CANDIDATE'S NAME: ______________________ **INSPECTION DATE:** ____________

INSPECTOR'S NAME: ______________________

A. PATIENT HISTORY

1. Are patient histories taken before commencement of treatment? ☐ Yes ☐ No
2. Do patient charts contain:
   a. Dietary content inquiry? ☐ Yes ☐ No
   b. Weight history? ☐ Yes ☐ No
   c. Dieting history? ☐ Yes ☐ No
   d. History of eating disorders? ☐ Yes ☐ No
   e. Current medical problems, diagnoses, treatment? ☐ Yes ☐ No
   f. Past medical history ? ☐ Yes ☐ No
   g. Past psychiatric history? ☐ Yes ☐ No
   h. Types of medications taken currently, including dietary supplements, herbs, "natural remedies"? ☐ Yes ☐ No
   i. Medication allergies, food allergies, sensitivities? ☐ Yes ☐ No
   j. Review of systems (including mental status inquiry)? ☐ Yes ☐ No
   k. Family medical history (weight, physical, psychiatric)? ☐ Yes ☐ No
   l. Gyn history? ☐ Yes ☐ No
   m. Past history of weight loss medication use? ☐ Yes ☐ No
3. Is there documentation in patient charts which reflects that the physician has personally reviewed the information obtained and made appropriate notations regarding any positive responses? ☐ Yes ☐ No

B. PHYSICAL EXAM

1. Is there documentation that physical exams are performed or reviewed by the physician before commencement of treatment? ☐ Yes ☐ No
2. Does the documentation of the physical exam include:
   a. height? ☐ Yes ☐ No
   b. weight? ☐ Yes ☐ No
   c. blood pressure? ☐ Yes ☐ No
   d. pulse? ☐ Yes ☐ No
   e. BMI? If pediatric obesity is treated, is the percentile BMI for-age-and-gender listed? ☐ Yes ☐ No
   f. abdominal circumference and/or waist-to-hip ratio? ☐ Yes ☐ No
   g. general appearance? ☐ Yes ☐ No
   h. head, neck and thyroid? ☐ Yes ☐ No
   i. heart? ☐ Yes ☐ No
   j. lungs? ☐ Yes ☐ No
   k. abdomen? ☐ Yes ☐ No
   l. extremities? ☐ Yes ☐ No
   m. neurologic? ☐ Yes ☐ No
   n. skin? ☐ Yes ☐ No

C. DIAGNOSTIC STUDIES

1. Lab Work: Is the following laboratory work-up performed?

a. Metabolic panel (glucoses, electrolytes, ca, renal, hepatic, blood sugar) ☐ Yes ☐ No
b. Lipid panel (total cholesterol, HDL, LDL, triglyciderides, ratio) ☐ Yes ☐ No
c. CBC (hemoglobin or hematocrit, platelets) ☐ Yes ☐ No
d. Urine analysis ☐ Yes ☐ No
e. Thyroid function testing (TSH and free T4 or FTI [free thyroxin index: T3, T4, T7) ☐ Yes ☐ No
f. Is there documentation of lab follow-up if indicated? ☐ Yes ☐ No

2. EKGs

Are EKGs obtained if indicated, for example: ☐ Yes ☐ No

- If there is reasonable evidence of past or present significant cardiac disease?
- If the patient has coronary heart risk factors such as hypertension, hyperglycemia, dyslipidemia?
- If there is a strong family history of cardiac disease?

D. PATIENT COUNSELING

1. Is counseling documented in these areas on the initial visit?
   a. Individualized meal plan ☐ Yes ☐ No
   b. Exercise ☐ Yes ☐ No
   c. Behavior modification ☐ Yes ☐ No

2. Is counseling documented in these areas on follow-up visits? ☐ Yes ☐ No

E. RETURN VISITS

1. Is the patient advised to return at reasonable intervals for periodic follow-up and counseling? ☐ Yes ☐ No
2. On return visits, are the following measured/performed?
   a. Pulse and blood pressure ☐ Yes ☐ No
   b. Weight or BMI ☐ Yes ☐ No

F. LONG TERM MANAGEMENT PLAN

1. Is there a Long Term Management Plan which includes:
   a. Individualized dietary plans ☐ Yes ☐ No
   b. Behavior modification ☐ Yes ☐ No
   c. Exercise ☐ Yes ☐ No
   d. Scheduled follow-up visits ☐ Yes ☐ No

G. BOARD INSPECTION COMPLETE? ☐ Yes ☐ No

I hereby attest or affirm that all statements on this evaluation form are accurate and truly reflect the practice of this physician on the date I conducted this office inspection.

Inspector's signature ____________________________________ **Date** ______________________

PATIENT CARE REVIEW
EVALUATION FORM – ADDENDUM A

A. For Candidates that DO Prescribe Medications

1. Is counseling documented for medications, including appetite suppressants
   a. on the initial visit? ☐ Yes ☐ No
   b. on follow-up visits? ☐ Yes ☐ No
2. Does the physician see the patient for follow up at regular intervals when medication is prescribed? ☐ Yes ☐ No
3. Are anti-obesity medications prescribed in accordance with the ASBP Guidelines for Anorectic Drug Use? ☐ Yes ☐ No
4. Medications that the candidate has initiated are well documented and the inspector can follow changes in medications and their dosages over time. ☐ Yes ☐ No

PATIENT CARE REVIEW
EVALUATION FORM – ADDENDUM B

For Candidates that Dispense Medications

If prescription medications are dispensed from the office, are they:

a. Stored securely? ☐ Yes ☐ No
b. Packaged and labeled in accordance with applicable laws? ☐ Yes ☐ No
c. Recorded and dispensed in accordance with applicable laws? ☐ Yes ☐ No
d. Inventoried and logged appropriately? ☐ Yes ☐ No
e. Supervised by the prescribing physician? ☐ Yes ☐ No