



# Metabolic Monitoring Form (Blank)

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

<b>Date</b>							
<b>Drug and dose prescribed</b>							
<b>Height</b>							
<b>Weight</b>							
<b>Waist circumference (at umbilicus)</b>							
<b>BMI (see chart)</b>							
<b>Blood Pressure</b>							
<b>Fasting Plasma Glucose</b>							
<b>Lipid Profile:</b>							
<b>HDL Cholesterol</b>							
<b>Triglycerides</b>							
<b>Intervention required</b>							

The Center for Disease Control and Prevention provides a Body Mass Index (BMI) Calculator. The BMI calculator is used to screen for weight categories that may lead to health problems. To view and use the BMI calculator visit the link: <http://www.cdc.gov/healthyweight/assessing/bmi/index.html>

\* This is a guideline for monitoring of metabolic syndrome and is not intended to provide specific medical advice for individual patients. We encourage providers to review this information and apply as clinically appropriate to each individual patient.