IDENTIFICATION:

LANGUAGE: __________________________
Interpreter ☐ Provider speaks language

ACCOMPANIED BY: ☐ Mom ☐ Dad ☐ Other:

FAMILY’S LEVEL OF CONCERN ABOUT WEIGHT/BMI
& REASON FOR CONCERN:

GOALS SET AT LAST VISIT & PROGRESS

HOME ENVIRONMENT, FAMILY STRUCTURE, PRIMARY CARETAKERS:

• Responsibility for shopping, preparing & serving meals

NUTRITION:

• Meal patterns
• Food preferences
• Eating out, fast food
• Sugary beverages
• Water intake
• Food insecurity

PHYSICAL ACTIVITY:

• Amount, frequency
• Favorite, enjoyable activities
• Available opportunities, barriers

SCREEN TIME: ____________ hours per day

SLEEP: ____________ hours per night

LABWORK DONE PREVIOUSLY: Date ______

FAMILY HISTORY:

☐ Diabetes ☐ Cardiac Disease
☐ High Cholesterol ☐ Other:
☐ Hypertension

EXAM AND REVIEW OF SYSTEMS TO ASSESS FOR COMORBIDITIES, UNDERLYING CONDITIONS

<table>
<thead>
<tr>
<th>REVIEW OF SYSTEMS</th>
<th>EXAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes mellitus</td>
<td>☐ Polyuria, nocturia</td>
</tr>
<tr>
<td>Sleep-disordered breathing/OSA</td>
<td>☐ Snoring, daytime sleepiness</td>
</tr>
<tr>
<td>Constipation</td>
<td>☐ Stool history</td>
</tr>
<tr>
<td>GE reflux, NASH</td>
<td>☐ Abdominal pain</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>☐ Hip, knee pain</td>
</tr>
<tr>
<td>PCOS</td>
<td>☐ Irregular menses</td>
</tr>
<tr>
<td>Pseudotumor cerebri</td>
<td>☐ Headache</td>
</tr>
<tr>
<td>CHF</td>
<td>☐ Shortness of breath</td>
</tr>
<tr>
<td>Disordered eating</td>
<td>☐ Binging, purging</td>
</tr>
<tr>
<td>Mental health</td>
<td>☐ Depression, bullying</td>
</tr>
</tbody>
</table>
ASSESSMENT:

- Overweight (BMI ≥ 85th %)
- Obese (BMI ≥ 95th %)
- Severely Obese (BMI ≥ 99th %)
- Comorbidities:
- Making progress toward past goal(s)
- Concerned, interested in making changes
- Barriers (individual, home/family, community):

NEW GOAL:

LABS:

Recommended for:
- Age ≥ 10 with obesity
- Age ≥ 10 overweight with +FHx of comorbidities
- Age ≥ 2 with severe obesity

Fasting (x 8-10 hours):
- Lipid panel with calculated LDL
- Fasting glucose
- Hgb A1c
- ALT
- Fasting insulin (optional)

Non-Fasting:
- Total cholesterol
- HDL
- Random glucose
- Hgb A1c
- ALT

Repeat labs every 2 years if normal; at least yearly if abnormal

FOLLOW-UP VISITS:

- ______________________ for BMI/weight check

Timing of follow up should be tailored to family’s level of motivation and preference

REFERRALS, RESOURCES PROVIDED:

- Nutrition
- LPCH Weight Clinic
- SCVMC Pediatric Healthy Lifestyles Clinic

(SEE PPC WEBSITE FOR ADDITIONAL RESOURCES)

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>Physician/AHP Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>PRINT Name:</td>
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