# *Pediatric Weight Management Follow Up Visit*

Regular MD:

Age: _____Yrs  Height:_____in / cm

Smoker In Home? £ Yes £ No  Weight?_____# / Kg

Current Smoker? £ Yes £ No  BP:_____ __/_____

HR:_____# / min

BMI:_____/_____%

Last Name, First Name

Medical Number

IMPRINT AREA

Patient Concerns:_____ Date:_____

Allergies: £ None

Accompanied By: £ Mom £ Dad £ Other:

Phone: _____

## HISTORY

**Chief Complaint/History of Present Illness**_____

£ **Questions or Concerns**_____

£ **Self Esteem – Self Image**_____

£ **Perception of Weight & Health**_____

£ **Current Health Habits**_____

**Physical Activity** (active play, sports)_____

**Sedentary Time** (TV, video games)_____

**Nutrition**_____

(sodas/juice/fast food, fruits/veg, dairy, portion sizes)

**Eating Habits** _____

(meal skipping, family meals, binging-purging)

£ **Successes & Barriers**_____

£ **Areas Chosen by Family to Work On**_____

£ **Readiness to Change** (child vs parent)_____

£ **Health Goals**_____

£ **Rewards**_____

## REVIEW OF SYSTEMS

| No Problem | | Problem | | No Problem | | Problem | |
|---|---|---|---|---|---|---|---|
| | **Constitutional** | | | | **Gastrointestinal** | | |
| £ | *Depression* | £ | _____ | £ | *Abdominal Pain* | £ | _____ |
| £ | *Fatigue / Lethargy* | £ | _____ | £ | *Vomiting* | £ | _____ |
| £ | Fever | £ | _____ | | **Skin** | | |
| | **HEENT** | | | £ | *Striae* | £ | _____ |
| £ | Ear Pain | £ | _____ | | **Neurologic** | | |
| £ | Runny Nose | £ | _____ | £ | *Developmental Delay* | £ | _____ |
| £ | *Snoring* | £ | _____ | £ | *Headache* | £ | _____ |
| £ | Sore throat | £ | _____ | | **Genitourinary** | | |
| | **Respiratory** | | | £ | *Menarche* | £ | _____ |
| £ | Cough | £ | _____ | £ | *Oligo / Amenorrhea* | £ | L.M.P.:_____ |
| £ | *Difficulty Breathing (noc)* | £ | _____ | | **Musculoskeletal** | | |
| £ | *Wheezing / Stridor* | £ | _____ | £ | *Limp* | £ | _____ |
| | **Cardiovascular** | | | | *Knee / Hip Pain* | £ | _____ |
| £ | Chest Pain | £ | _____ | | **Allergy** | | |
| £ | **All other systems negative** | | | £ | Medication Allergy | £ | _____ |

## MEDICATIONS

£ None

£ See History

£ See Chronic Med List

£ Acetaminophen

£ Ibuprofen

£ Metformin

£ Other_____

## PHYSICAL EXAM

| NL | NL=Normal, AB=Abnormal, Blank=Not Examined | AB | Abnormal Findings: |
|---|---|---|---|
| £ 1 | Eyes (no conjunctival infection, no papilledema)…… | £ | |
| £ 2 | ENT (no ext ear pain, TM's clear, nasal mucosa nl, teeth/gums nl., oral-pharynx nl, mucous memb moist)…… | £ | |
| £ 3 | Neck (supple, no adenopathy/masses, thyroid nl)…… | £ | |
| £ 4 | Resp (clear by auscultation, no retractions)…… | £ | |
| £ 5 | Abd (nontender, no mas/organomegaly, bowel sounds nl)…… | £ | |
| £ 6 | Skin (no striae, no hirsutism, no acanthosis nigricans)…… | £ | |
| £ 7 | Psych (normal affect and memory)…… | £ | |

## ASSESSMENT

£ **Overweight** (BMI>=95% for Age)
£ **At Risk for Overweight** (BMI 85-95% for Age)
£ **Normal Weight** (BMI 5-84% for Age)

**Weight Change Since Last Visit:**

| Child Readiness to Change | Parent Readiness to Change |
|---|---|
| £ High | £ High |
| £ Medium | £ Medium |
| £ Low | £ Low |

Areas of Improvement
£ Activity
£ Nutrition
£ Self-Esteem
£ Other:

## MEDICATIONS

## MEDICAL DATA

£ CBC
£ UA
£ Fasting Cholesterol/Lipid Panel
£ Fasting Blood Glucose
£ Fasting Insulin
£ Random Glucose
£ HgbA1C
£ TSH/Free T4
£ SGPT/SGO/Billirubin
£ X Ray:_____
£ Old Records Reviewed

### IMMUNIZATIONS

| | | | | |
|---|---|---|---|---|
| £ DTAP | £ Hep B | £ Con-Pneumo | £ V-Z | £ Td |
| £ IPV | £ HIB | £ MMR | £ Hep A | £ Influenza |

## PLAN

### COUNSELING – INFORMATION

£ Environmental Tobacco Smoke
£ Smoking cessation / Advised to Quit

£ **Counseling**:
- £ Activity/Exercise
- £ Nutrition/Eating Habits
- £ Self-Esteem
- £ Body Acceptance
- £ Other:

£ **Written Information**:
- £ Tip Sheet
- £ Health Goals Spreadsheet
- £ Other:

£ **Referral To**:
- £ Dietician
- £ Weight Management Program
- £ Mental Health
- £ Other:

**RTC:** £ PRN £_____wk / month

**Patient/Family Goals**

5
2
1
0

**Sign Here…** **Date Here…** / /

**MD/DO/NP**

XXX