Initial Visit Form

ANTHROPOMETRIC ASSESSMENT:

Chronological Age: _________ Y_________ M Corrected Age (to age 2): ________ Y ________M

Weight	_________ kg	__________ %ile				
Height/Length	_________ cm	__________ %ile				
Expected Length/Height for Age:	_________ cm	__________ %	**BP:**			
Ideal Body Weight (IBW)	_________ kg	__________ % IBWH	**SBP% ile _____ th**		**DBP %ile _____th**	
Body Mass Index (BMI):	_________ BMI	__________ BMI %ile	**RESP:**			
Head circumference (all children <2 y/o)	_________ cm	__________ %ile.	**PULSE:**		**TEMP:**	

Overweight class using % IBW for height age

- ☐ 120-139% IBW = mild obesity
- ☐ 140-160% IBW = moderate obesity
- ☐ >160 % IBW = severe obesity

BMI category

- ☐ < 5th age/sex specific %ile = underweight
- ☐ 5-84th age/sex specific %ile = normal
- ☐ 85-94th age/sex specific %ile = overweight
- ☐ > 95th age/sex specific %ile = obese

Race: W B H

Other_______________________ Translator needed: Yes (language_____________) No

CHIEF COMPLAINT {**CC**}

Reason for Visit: Overweight Other ____________________

Family members present today: Mother Father Paternal Grandparents Maternal Grandparents Other ______________

HISTORY OF PRESENT ILLNESS {**HPI**} (Location, quality, severity, duration, timing, context, modifying factors, associated signs & symptoms)

Type of Liquid	**oz/day**	**Notes**		**No problem**	**Problem**	**Notes**
Sweetened beverages/soda	______	_________________	Portion size	☐	☐	____________
Fruit juice/Nectar	______	_________________	Second helpings	☐	☐	____________
Formula	______	_________________	Fast food rest./week	☐	☐	____________
Milk : (skim, 1%, 2%, whole)	______	_________________	Meal skipping	☐	☐	____________
Other:	______	_________________	Binging/sneaking	☐	☐	____________

	hrs/day				
Screen time **weekend** day	___________	Lifestyle activity	☐	☐	____________
Screen time **week** day	___________	Play/Excerc/sports	☐	☐	____________

Parent			Child		
Perception of overweight	normal	abnormal	Perception of overweight	normal	abnormal
Depression	No Problems	Problems	Depression	No Problems	Problems
			Self-esteem	No Problems	Problems
Readiness to change			Readiness to change		
☐ Pre-contemplation stage (PC)			☐ Pre-contemplation stage (PC)		
☐ contemplation stage (C)			☐ contemplation stage (C)		
☐ Preparation stage (P)			☐ Preparation stage (P)		
☐ Action stage (A)			☐ Action stage (A)		

PAST, FAMILY AND/OR SOCIAL HISTORY {**PFSH**}

Who is child's **primary caretaker:** Mother Father Other:_____________________

Are child's parents? Married Living together Single Divorced

Family History		Family problems identified or suspected	
☐ Obesity/overweight		☐ Multiple households	☐ Physical health
☐ Type 2 diabetes		☐ Multiple caretakers	☐ Other:
☐ Hypertension		☐ Language barriers	☐
☐ Dyslipidemia		☐ Tobacco exposure	☐
☐ Cardiovascular disease		☐ Substance abuse	☐
☐ Depression		☐ Migration status	☐
☐ Thyroid disease		☐ Limited resources	☐

REVIEW OF SYSTEMS {**ROS**}

	nl	abn	Comments:		nl	abn	Comments
1. Growth				7. Cardiovascular			
Weight for height	☐	☐	______	chest pain	☐	☐	______
Height for age	☐	☐	______	8. Neurological			
				headache	☐	☐	______
				9. Development (delay)			______
2. HEENT				10. Respiratory			
Ear pain	☐	☐	______	difficulty breathing	☐	☐	______
Runny nose	☐	☐	______	cough/wheezing	☐	☐	______
3. Musculoskeletal				11. Genital/Urinary			
back/knee/hip/feet pain	☐	☐	______	Menarche	☐	☐	______
				oligo/amenorrhea	☐	☐	______
4. Skin				12. Sleep/Snore			
acanthosis nigricans	☐	☐	______	missed breaths while sleeping	☐	☐	______
striae	☐	☐	______	sleepy during day	☐	☐	______
5. Gastrointestinal							
constipation, pain	☐	☐	______	13. Allergic/Immunologic	☐	☐	______
6. Endocrine	☐	☐		14. Constitutional (depression)	☐	☐	

Previous Labs	Date	Reason	Results

Medications/vitamins: ______________________________

MEDICAL EXAM

Performed by attending	nl.	abn	Comments:		nl.	abn	Comments:
1. Constitutional (General Appearance)				11. Hair/nail			
				12. Skin fat deposits			
Cardiovascular				*Musculoskeletal*			
2. Heart				13. Muscle strength			
Respiratory				14. Muscle mass			
3. Lungs				15. Extremities			
HEENT				*Abdomen*			
4. Ears				16. Visceromegaly			
5. Eyes				17. Abdominal fat			
6. Mouth/Teeth				*Genital/Urinary*			
7. Throat				18. Sex maturity			
8. Neck (incl. thyroid)				*Neurologic*			
Skin				19. Development			
9. Skin tone				20. Interaction			
10. Skin texture				21. Reflexes			

PLAN

Tests Ordered		Counseling	Written Info	Referral to
☐ Fasting Cholesterol/Lipid Panel	☐ Fasting Blood Glucose	☐ Activity/Exercise	☐ Tip Sheet	☐ Endocrinology
☐ ALT/AST/GGT	☐ Fasting Insulin	☐ Nutrition/ Eating Habits	☐ Health Goals Spreadsheet	☐ Sleep clinic
☐ TSH/Free T4	☐ Random Glucose	☐ Self-Esteem	☐ Other:________________	☐ Cardiology
☐ Sleep study	☐ Old Records Reviewed	☐ Body Acceptance		☐ Psychology/HBS/HE
☐ Other:_________________	☐ Other:________________	☐Other:_________________		☐ Other:________________

☐X Ray:_______________________________

Sign: **Date:**

MD/DO/NP