

## Follow Up Form

	Visit #1	Visit #2	Visit #3	Visit #4	Visit #5	Notes
Date						
<b>ANTHROPOMETRIC/VITALS</b>						
Height						
Height %ile						
Weight						
Weight %ile						
BMI						
BMI %ile						
Blood Pressure (SBP/DBP)						
Systolic BP %ile/Diastolic BP %ile						
IBW						
% IBW						
Waist circumference						
Waist-to-height ratio						
<b>PHYSICAL EXAM</b>						
Tanner stage						
Acanthosis nigricans						
Waist circumference						
Hip/knee pain/limp/foot problems/other ortho						
Spinal asymetry						
<b>HISTORY OF PRESENT ILLNESS</b>						
Diet						
oz. juice/day						
oz. soda/day						
portion size						
second helping						
fast food rest use/week						
weekday screen hours						
weekend screen hours						
Physical activity						
exercise/sports						
Perception of OW						
parent perception of themselves						
child perception of her/him self owt						
Self-Esteem						
child (children >= 12)						
Depression						
young child						
older children (children >= 12)						
Eating disorders						
Sleep problems						
<b>FAMILY HISTORY</b>						
Obesity						
Hypertension						
Hypercholestrolemia						
Diabetes						
Depression						
Thyroid disease						

## Follow Up Form

	Visit #1	Visit #2	Visit #3	Visit #4	Visit #5	Notes
Date						
<b>LABS/OTHER EVALUATIONS</b>						
Date						
<b>Fasting Lipid Profile:</b>						
<b>Total cholesterol</b>						
<b>HDL cholesterol</b>						
<b>Triglycerides</b>						
<b>LDL cholesterol</b>						
Date						
<b>Glucose:</b>						
<b>Fasting Plasma Glucose</b>						
Date						
<b>Random glucose</b>						
Date						
<b>Insulin level</b>						
Date						
<b>Liver Function Tests (LFTs):</b>						
<b>ALT</b>						
<b>AST</b>						
Date						
<b>Sleep study</b>						
<b>ACTION STEPS</b>						
<b>[S=suggested; A=achieved; F=failed]</b>						
Decrease juice						
Decrease soda						
Decrease portion size						
No second helpings						
Increase vegetables						
Decrease fast foods						
Decrease grazing						
Decrease weekday screen time						
Decrease weekend screen time						
Other:						
<b>FOLLOW-UP VISIT</b>						
Estimated ext appt. date						
Referral to: (PT/OT/CARD/ENDOCR)						