INITIAL EVALUATION: OBESITY CO-MORBIDITIES

Patient Name: _____ Phone#: _____ Date of Service:_____/_____/_____

Patient DOB:___/____/_____ Age: ____ Accompanied by: ☐ Mom ☐ Dad ☐ Other: _____

Wt: _____kg Ht:_____ in BP: (%ile) BMI: (%ile) Z Score:

Allergies: ☐NKDA **Meds**: Rx_____ Non-Rx_____

HISTORY

CC: ☐Weight ☐ Other: _____

Onset of Wt gain: ☐Infancy ☐Childhood ☐Pubertal ☐Post-pubertal

History:_____

_____

_____

Birth history: FT Preterm_____wks of GA

BW _____ LGA AGA SGA Gest. Diabetes: Y N

MEALS:

Which meals do you eat daily? Breakfast / Lunch / Dinner

How many cups of sugary drinks per day?

Where do you usually eat meals? Table/ In front of TV

How often do you eat fast food? ___ time(s) per _____

How often do you eat snacks? _____

EXERCISE:

How many hours of TV/ video games do you watch/play?____

Do you have a TV in your bedroom? Yes / No

How many hours/day do you engage in physical activity? ____

READINESS: How important is it to you to make healthy changes in your eating and exercise habits (1-10)? __ (child) __ (parent)

How confident are you that you can make those changes (1-10)? ___ (child) ___ (parent)

REVIEW OF SYSTEMS

Check if problem

Constitutional
- ☐ Depression/Anxiety
- ☐ Fatigue

HEENT
- ☐ Daytime Sleepiness
- ☐ Snoring
- ☐ Sleep apnea

Respiratory
- ☐ Shortness of breath
- ☐ Wheezing/ Stridor

Cardiovascular
- ☐ Chest Pain

Gastrointestinal
- ☐ Abdominal pain

Neurologic
- ☐ Headache

Genitourinary
- ☐ Polyuria
- ☐ Polydipsia
- ☐ Nocturia
- ☐ Irregular menses

Musculoskeletal
- ☐ Joint pain

Psychosocial
- ☐ Being bullied

☐ **All other systems negative**

Notes:

PHYSICAL EXAM

Check if normal
- ☐ Constitutional (alert, not toxic, not dysmorphic)
- ☐ Eyes (no conjunctival injection, no papilledema)
- ☐ ENT (tonsil size nl, no ext. ear pain, TM's clear, nasal mucosa nl, teeth/gums nl, oral-pharynx nl)
- ☐ Neck (supple, no adenopathy/masses, thyroid nl)
- ☐ Resp (clear, no retractions)
- ☐ Heart (regular rhythm, no murmur)
- ☐ Abd (nontender, no mas/organomegaly, bowel sounds nl)
  Increased central adiposity? Y N
- ☐ Skin (no striae, no hirsutism, , no significant acne)
- ☐ Acanthosis nigricans None Mild Moderate Severe
- ☐ Extr (no cyanosis, pulses & perfusion nl, no edema)
- ☐ Musc (nl gait, full ROM w/o pain, no tibial bowing)
- ☐ GU:
  - ☐Ext Gen Vagina Vulva (no lesions/discharge)
  - ☐Testicular volume: _____ mls
  - ☐Tanner Stage (breast) I II III IV V
  - ☐Tanner Stage (pubic hair) I II III IV V
- ☐ Neuro (DTR 2+, CN 2-12 nl)
- ☐ Psych (normal affect & memory)

Notes

FAMILY HISTORY

☐ Family History:
- ☐ Obesity/ Overweight
- ☐ Type 2 Diabetes/ Gest. diabetes
- ☐ Hypertension
- ☐ Death from cardiovascular disease or stroke < age 55
- ☐ Cholesterol/ lipid abnormalities
- ☐ Depression/ anxiety
- ☐ Tobacco exposure
- ☐ OSA
- ☐ PCOS

ASSESSMENT

Weight Category
- ☐ Severely obese (BMI > 99% for Age)
- ☐ Obese (BMI ≥ 95% for Age)
- ☐ Overweight (BMI 85%-95% for Age)
- ☐Normal weight (BMI 5-84% for Age)

Suspected Co-Morbidities requiring evaluation (Consult appropriate algorithm)
- ☐ Fatty Liver Disease
- ☐ Diabetes, pre-diabetes
- ☐ Other: _____
- ☐ OSA
- ☐ HTN
- ☐ Lipids
- ☐ PCOS

Personal Risk Factors
- ☐ Elevated BP
- ☐ Ethnicity
- ☐ Puberty
- ☐ Meds assoc. w/ wt. gain e.g. antipsychotic/ antidepressant
- ☐ Disabilities
- ☐ Acanthosis Nigricans
- ☐ Birth History of SGA/LGA
- ☐ Snoring/ symptoms of sleep apnea

Total: ___ personal risk factors
___ family risk factors

RECOMMENDATIONS

Age	BMI	Risk Factors	Action Plan
2- 10 yrs	> 85th %	N/A	☐ Healthy lifestyle change ☐ Consider fasting lipids
≥ 10 yrs	85th to 95th %	0-1 personal or family risk factors No symptoms of co-morbidities	☐ Healthy lifestyle change ☐ Consider fasting lipids
		>2 risk factors **or** Symptoms of obesity co-morbidities	☐ Healthy lifestyle change ☐ Fasting lipids & glucose ☐ Consider ASAT/ALAT + See algorithms for evaluation of suspected co-morbidities
	> 95th %	N/A	☐ Fasting lipids, fasting glucose, LFTs ☐ See algorithms for evaluation of suspected co-morbidities
	> 99th % BMI > 40	N/A	☐ Fasting lipids, fasting glucose, LFTs ☐ See algorithms for evaluation of suspected co-morbidities ☐ Consider 2 hour OGTT

Patient/ Family Goals: 1._____

2. _____

3. _____

Plan:

1. **Weight Management**
   - ☐ Weight management counseling by PCP
   - ☐ Nutritional Counseling
     - ☐ Connecticut Children's
     - ☐ Other: _____
   - ☐ 211/ Infoline
   - ☐ Physical Therapy
   - ☐ Other: _____
2. **Screening Labs**
   - ☐ Fasting lipids
   - ☐ Fasting glucose
   - ☐ LFTs
   - ☐ PCOS screening (see algorithm)
   - ☐ Sleep Study
   - ☐ Other: _____
3. **Referral To:**
   - ☐ Dietitian
   - ☐ Connecticut Children's Weight management program
   - ☐ Mental health
   - ☐ Other: _____
4. **Follow-Up with PCP**
   - ☐ If no labs indicated, F/U in 1-6 months per your discretion to monitor progress with weight management.
     Scheduled for: _____/_____/_____
   - ☐ If labs indicated, F/U in ___ month(s) to review lab results and develop comprehensive plan
     Scheduled for: _____/_____/_____
5. **Other: _____**

Signature: _____, MD/APRN, PA-C Date :_____

☐ **I saw and evaluated pt. with _____,**

☐ **I agree with A/P and Meds as written**

☐ **I reviewed note**

Attending _____, MD Date: _____

282 Washington Street, Hartford, CT 06106,