

Follow Up Form

| | Visit #1 | Visit #2 | Visit #3 | Visit #4 | Visit #5 | Notes |
|--|----------|----------|----------|----------|----------|-------|
| Date | | | | | | |
| ANTHROPOMETRIC/VITALS | | | | | | |
| 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 | | | | | | |
| PHYSICAL EXAM | | | | | | |
| Tanner stage | | | | | | |
| Acanthosis nigricans | | | | | | |
| Waist circumference | | | | | | |
| Hip/knee pain/limp/foot problems/other ortho | | | | | | |
| Spinal asymetry | | | | | | |
| HISTORY OF PRESENT ILLNESS | | | | | | |
| 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 | | | | | | |
| FAMILY HISTORY | | | | | | |
| Obesity | | | | | | |
| Hypertension | | | | | | |
| Hypercholestrolemia | | | | | | |
| Diabetes | | | | | | |
| Depression | | | | | | |
| Thyroid disease | | | | | | |

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|--|----------|----------|----------|----------|----------|-------|
| Date | | | | | | |
| LABS/OTHER EVALUATIONS | | | | | | |
| Date | | | | | | |
| Fasting Lipid Profile: | | | | | | |
| Total cholesterol | | | | | | |
| HDL cholesterol | | | | | | |
| Triglycerides | | | | | | |
| LDL cholesterol | | | | | | |
| Date | | | | | | |
| Glucose: | | | | | | |
| Fasting Plasma Glucose | | | | | | |
| Date | | | | | | |
| Random glucose | | | | | | |
| Date | | | | | | |
| Insulin level | | | | | | |
| Date | | | | | | |
| Liver Function Tests (LFTs): | | | | | | |
| ALT | | | | | | |
| AST | | | | | | |
| Date | | | | | | |
| Sleep study | | | | | | |
| | | | | | | |
| ACTION STEPS | | | | | | |
| [S=suggested; A=achieved; F=failed] | | | | | | |
| 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: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| FOLLOW-UP VISIT | | | | | | |
| Estimated ext appt. date | | | | | | |
| Referral to: (PT/OT/CARD/ENDOCR) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |