

## Pediatric Body Mass Index (BMI) Form for Medi-Cal Members

(Use for members 0–20 years of age)

Please complete this form to receive your \$25 incentive.

FAX a copy to HPSM at **650-829-2009**. BILL HPSM with CPT code 99411 and modifier WT.

Patient Name: \_\_\_\_\_ HPSM Member ID #: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex:  M  F Date of Measurement: \_\_\_\_\_

### INSTRUCTIONS for Members 2–20 yrs.

1. Use the BMI wheel / calculator to determine BMI.
2. Plot the BMI number on the BMI growth chart to determine BMI %.
3. Write the height, weight, BMI and percentile below and mark the category where the percentile falls.

Height (in): \_\_\_\_\_

Weight (lbs): \_\_\_\_\_

BMI \_\_\_\_\_

BMI % \_\_\_\_\_

#### Check off BMI Category

- < 5% Underweight  
 5%–84% Healthy weight  
 85%–94% Overweight  
 95%–98% Obese  
 ≥ 99% Severe Obesity

### INSTRUCTIONS for Members <2 yrs.

1. Plot length by weight on the growth chart.
2. Write percentile below.

Weight for Length % \_\_\_\_\_

### Please assess and counsel your patient about the following behavioral risk factors:

- Sedentary time (TV, computer, video games): \_\_\_\_\_ hours per day
- Physical activity: \_\_\_\_\_ hours **circle:** per day OR per week  
 (e.g. active play, sports, P.E., walking/biking/skate boarding to and from school)
- Servings of fruits and vegetables per day:  <1  1  2  3  4  ≥ 5  
 (note: “servings” are self-defined, the patient’s regular portion of this food.) Do not include potato chips or French fries.
- Servings of sugar-sweetened beverages: \_\_\_\_\_ servings per day  
 (e.g. Coke, Sunny Delight, Hawaiian punch, Hi-C, Gatorade, Snapple, energy drinks, iced tea, etc.) Do not include diet drinks.
- Breastfeeding duration, if known: \_\_\_\_\_ months
- Provided patient with nutrition counseling, educational materials, anticipatory guidance, or referral:  Yes or  No
- Provided patient with counseling, educational materials, anticipatory guidance, or referral for physical activity:  Yes or  No

### Here are some useful evidence-based messages for all children regardless of weight: (please check items you discussed)

- |   |   |
|---|---|
| <input type="checkbox"/> Decrease screen time to 2 hours/day or fewer     | <input type="checkbox"/> Limit eating out, especially of fast food  |
| <input type="checkbox"/> Limit sugar-sweetened beverages                  | <input type="checkbox"/> Eat a healthy breakfast every day          |
| <input type="checkbox"/> Eat at least 5 servings of fruits and vegetables | <input type="checkbox"/> Remove television from children’s bedrooms |
| <input type="checkbox"/> Be physically active 1 hour or more daily        | <input type="checkbox"/> Limit portion sizes                        |
|   | <input type="checkbox"/> Have regular family meals                  |

\_\_\_\_\_  
 Provider Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Provider Name (Print/Stamp)