Evaluation Form

Name: *(Last, First, M.I.)*	**Age** ☐ **M** ☐ **F**	**DOB** _____/_____/_____
Date of Evaluation:	____/_____/_____	

FAMILY HISTORY

☐ Obesity	☐ Dyslipidemia
☐ Coronary Heart Disease	☐ Type 2 Diabetes Mellitus
☐ Hypertension	☐ Thyroid Disease
☐ Eating Disorders	☐ Genetic Disorders

DIETARY HISTORY

Fruit juice consumption _____oz/day Water consumption _____oz/day

Sweetened beverage consumption (sports drinks, sweetened tea) _____oz/day

Soft drink consumption _____ cans/day

Milk consumption _____ oz/day and type: ☐ Skim ☐ 1% ☐ 2% ☐ Whole

Time and place of eating: _____Breakfast
_____Lunch
_____Dinner

Number of meals eaten prepared outside the home _____/wk
Number of fast food meals _____/wk

PHYSICAL ACTIVITY HISTORY

Daily hours of television viewing/computer use/and video game playing _____hrs/day
Television in child's bedroom ☐ Yes ☐ No

Amount of daily physical activity _____hrs/day
Amount of physical education at school _____days/wk
Participation in organized activities ☐ Yes ☐ No

Time spent outdoors _____hrs/day

Parental exercise behaviors:

Accessibility of local parks:

SOCIAL HISTORY

Smoker ☐ Yes ☐ No

MEDICATIONS

REVIEW OF SYSTEMS

SKIN
☐ Hyperpigmentation Around Neck ☐ Furunculosis

ENDOCRINE
☐ Polyuria ☐ Polydipsia ☐ Unexpected weight loss

PULMONARY
☐ Wheezing ☐ Snoring ☐ Daytime Somnolence ☐ Apnea ☐ Shortness of breath ☐ Exercise Intolerance

GASTROINTESTINAL
☐ Abdominal Pain ☐ Gallbladder Disease ☐ Heartburn

GENITAL (Female Only)

☐ Age at Menarche _____ ☐ Irregular Menses (< 9 cycles/yr) ☐ Hirsutism ☐ Amenorrhea
GENITOURINARY ☐ Noctural Enuresis
MUSCULOSKELETAL ☐ Hip Pain ☐ Knee Pain ☐ Walking Pain ☐ Foot Pain ☐ Groin Pain
NEUROLOGIC ☐ Headache ☐ Diplopia ☐ Hyperactivity
PSYCHIATRIC ☐ Depression ☐ Poor Self-Image ☐ Feelings of Isolation from Peers ☐ Behavior Problems ☐ School Avoidance ☐ Anxiety ☐ Sleepiness ☐ Wakefulness Other_____
ADDITIONAL NOTES
PHYSICAL EXAM
General:
Vitals: Wt _____ Ht _____ BMI ($Wt_{lbs} / (Ht_{in} \times Ht_{in}) \times 703$)_____ BP _____/_____ (**see BP reference table**) (**ENSURE PROPER SIZED BP CUFF**)
Skin: Acanthosis Nigricans Furunculosis Hirsutism Excessive Acne Irritation/Inflammation Violaceous striae
HEENT: Papilledema Tonsillar Size EOM
Neck: Palpation of Thyroid
CV:
Pulm: Wheezing
Abd: Liver Span RUQ Tenderness Epigastric Tenderness
GU: Tanner Stage
Extremities:
Musculoskeletal: Gait ROM Hip Bowing of tibia
Neurologic:
LABS
Recommended for patients with BMI 5-<85%tile with Risk Factors (HTN, tobacco use, DM, FHx: elevated lipid levels or premature CV disease): Fasting serum lipid panel
Recommended for patients with BMI 85-<95%tile with NO Risk Factors:

Fasting serum lipid panel
Recommended for patients with BMI 85-<95%tile with Risk Factors (FHx: obesity-related diseases, HTN, elevated lipid levels, tobacco use): Fasting serum lipid panel Fasting glucose (If 100-126mg/dL, prediabetic; If >126 mg/dL, diabetic) AST/ALT
Recommended for patients with BMI ≥95%tile with or without risk factors: Fasting serum lipid panel Fasting glucose AST/ALT
Optional: 1) Fasting serum insulin (nl<17) 2) 2-hour glucose tolerance test 3) If BMI >95th percentile and evidence of hypertension screen for focal segmental glomerulosclerosis: a) Urinary microalbumin level (1st morning void) (abnormal urinary albumin excretion rate >20 µg/minute) b) Spot urine microalbumin/creatinine ratio[1,2,3] (abnormal >30 micrograms of albumin/milligrams Cr) c) Spot urine protein/creatinine ratio (abnormal >0.2)
ASSESSMENT
1) ☐ Overweight (BMI 85th-94th Percentile) ☐ Obese (BMI ≥95th percentile)
2) Associated comorbidities:
PLAN
1) Dietary Modification ☐ Nutrition Guidelines handout provided
2) Lifestyle Modification ☐ Lifestyle Guidelines handout provided ☐ Exercise plan initiated ☐ Encouraged decreased sedentary time
3) Behavior Modification ☐ Behavior Guidelines handout provided
3) Referrals: ☐ Cardiology ☐ Dietitian ☐ Endocrinology ☐ ENT ☐ Gastroenterology ☐ Nephrology ☐ Ortho ☐ Pulmonary ☐ Weight management program
4) Follow up:

REMEMBER: Weight loss is important in the treatment of all obesity-associated comorbidities.