# Evaluation Form

<table>
<thead>
<tr>
<th>Name: (Last, First, M.I.)</th>
<th>Age</th>
<th>M</th>
<th>F</th>
<th>DOB <strong><strong>/</strong></strong>/____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Evaluation:</td>
<td><strong><strong>/</strong></strong>/____</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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 _____oz/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)
<table>
<thead>
<tr>
<th>GENITOURINARY</th>
<th>MUSCULOSKELETAL</th>
<th>NEUROLOGIC</th>
<th>PSYCHIATRIC</th>
<th>ADDITIONAL NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Age at Menarche _____________</td>
<td>□ Nocturnal Enuresis</td>
<td>□ Headache</td>
<td>□ Depression □ Poor Self-Image □ Feelings of Isolation from Peers □ Behavior Problems □ School Avoidance □ Anxiety □ Sleepiness □ Wakefulness</td>
<td>Other_____________________________</td>
</tr>
<tr>
<td>□ Amenorrhea</td>
<td>□ Hip Pain □ Knee Pain □ Walking Pain □ Foot Pain □ Groin Pain</td>
<td>□ Diplopia □ Hyperactivity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ADDITIONAL NOTES**

**PHYSICAL EXAM**

**General:**

Vitals: Wt _______ Ht _______ BMI (Wt in lbs / (Ht in inches × 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:

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