Advocates of Healthy Weight in Children

Healthy Weight, Overweight & Obesity Clinical Decision Support Tools for Children Ages 2-18

Prepared for use with the Michigan Care Improvement Registry Body Mass Index Surveillance Tool

Materials developed by members of Healthy Kids, Healthy Michigan, Health, Family and Child Care Services Policy Action Team, Family & Provider Resources Task Force

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American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Michigan Chapter

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Preface

With funding from the National Governor’s Association, the Michigan Department of Community Health convened a statewide coalition, now known as Healthy Kids, Healthy Michigan Coalition, to identify top policy priorities for the state’s efforts in childhood obesity prevention and treatment. Creation of a body mass index (BMI) surveillance system was selected by the Coalition as one of six policy priorities to pursue in the Coalition’s first year, 2009. With one of the most advanced immunization information systems in the nation, the coalition recommended that BMI surveillance be added to the Michigan Care Improvement Registry (MCIR). Virtually every health care provider in the state already has access to the MCIR and many use it daily, to track and guide care in selected areas such as immunizations and lead screening.

The team planning the surveillance system recognized that Michigan’s health care providers needed streamlined tools to apply expert guidelines to the screening, diagnosis and treatment of childhood obesity, and that the surveillance system presented an opportunity to bring such tools into the care setting. With internal funding from its Childhood Obesity Prevention Mission Project, staff from the Altarum Institute conducted a focus group with providers in the state to further specify provider needs that might be addressed through the new surveillance system.

With support from the American Heart Association, and under the auspices of the Healthy Kids, Healthy Michigan’s (HKHM) Health, Family and Child Care Services Policy Action Team (HPAT), Ms. Sarah Poole convened the Family and Provider Resources Task Force which developed the tools presented in this report. Tailored for the age, gender, and weight status of children, the tools are designed to help providers efficiently assess children’s risk for obesity, guide their investigation of co-morbidities, and streamline healthy weight and physical activity counseling.

The tools are consistent with the “Expert Committee Recommendations Regarding the Prevention, Assessment and Treatment of Childhood and Adolescent Overweight and Obesity: Summary Report” (Barlow, 2007) and with the recommendations of the U.S. Preventive Services Task Force that all children be screened for obesity, and that children age six and above receive counseling to achieve a healthy weight (USPSTF, 2010).

The tools were developed after a review of similar tools developed by other organizations and institutions, especially Nemours Health & Prevention Services and the Maine Center for Public Health.

Authors of this document would like to thank Dr. Tom Peterson, Co-Chair (along with Dr. Susan Woolford) of the Health, Family and Child Care Services Policy Action Team; current and former staff of the Michigan Department of Community Health, especially Ms. Shannon Carney Oleksyk; and each of our institutions for supporting our time to produce these documents.
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Instructions for use of the Clinical Decision Support Tools

These tools are designed to be used in conjunction with the Michigan Care Improvement Registry’s body mass index (BMI) surveillance system, but may also be used independently based on a limited set of information about each child including the child’s weight status as determined by BMI percentile. MCIR will calculate the BMI based on the child's measured height and weight, determine the BMI percentile in relation to a standard reference population, and then assign a weight status based on standard classifications of:

<table>
<thead>
<tr>
<th>WEIGHT STATUS</th>
<th>BMI Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal weight</td>
<td>5th – 84th</td>
</tr>
<tr>
<td>Overweight</td>
<td>85th – 94th</td>
</tr>
<tr>
<td>Obese</td>
<td>&gt;95th</td>
</tr>
</tbody>
</table>

The tools consist of several components, each tailored for the specific age group (2-5, 6-11 and 12-18) and weight status as shown above:

- A survey tool for providers to determine a child’s behavioral and family history risk factors
- A four part clinical form which includes:
  - assessment of specific medical risks for that child
  - assessment of behavioral risks and readiness to change
  - counseling tailored according to whether or not the child has medical risks posed by obesity
  - assessment and plan including a summary of referrals provided and behavior change goals identified

The survey and clinical guidance documents are designed to be incorporated into the existing flow of a provider office. The short survey tool can be completed by the caregiver and/or child while sitting in the waiting room prior to the visit, or, with minor modifications, it can be administered orally by a clinician during the visit.

While the survey questions are very similar on all tools, they vary slightly according to a child’s age. For example, questions relating to portion size and quantity vary. It is also assumed that a caregiver will be responding for children ages 2-5 while older children will answer on their own.

The clinical decision support tools are tailored by weight status category (healthy weight, overweight, obese) and age group (2-5, 6-11, 12-18). Once a child’s age and weight status category is determined using BMI percentile, the appropriate decision support tool can be selected and used to guide the clinician through appropriate assessment and counseling. The Overweight and Obese category decision support tools offer guidance on how to assess for specific health risks related to weight status and encourage the clinician to use the completed survey in identifying current behavior and attitude practices which may contribute to risk. Finally, based on the findings of the physical exam and the review of current behavior practices, the clinician is provided with a recommended course of treatment and referral, when appropriate.

The clinical decision support tools are also designed to be interactive and to become a part of the patient chart. They guide the provider through an age-appropriate review of systems and medical exam, provide space to fill out what was communicated with the patient and family, as well as space to outline the next steps for follow up. In addition to guiding providers through weight assessment and treatment, each of the clinical decision support tools offers clinicians resources for further information and education and as well as recommendations for possible billing codes and guidance.
HEALTHY WEIGHT TOOLS
Weight Status: This child’s BMI percentile puts her/him in the Healthy Weight category (BMI 5th to 84th percentile)

AAP MANAGEMENT/TREATMENT RECOMMENDATIONS BASED ON BMI PERCENTILE

This child falls within the category of Healthy Weight. The American Academy of Pediatrics recommends that all children receive prevention messaging. Consider use of the attached Patient/Parent Survey to promote overweight and obesity prevention.

The American Academy of Pediatrics recommends the following elements be incorporated into overweight and obesity prevention messaging:
1. Limit consumption of sugar-sweetened beverages.
2. Encourage consumption of diets with recommended quantities of fruits and vegetables.
3. Limit television and other screen time (the AAP recommends no television viewing before 2 years of age and thereafter no more than 2 hours of television viewing per day)
4. Eat breakfast daily.
5. Limit eating out at restaurants, particularly fast food restaurants.
6. Encourage family meals during which parents and children eat together.
7. Allow child to self-regulate his or her food.
   - Find ways to reward good behavior other than with food.
   - Parents say “what & when”, children say “how much”.

Resources & References
- Recommended daily intake amounts of fruits and vegetables based on age and sex can be found at www.mypyramid.gov
Survey for Caregivers of Children Ages 2-5 years old

Patient Name: ____________________
Age: ______  Date: _______________

In our office, we are interested in discussing the aspects of a healthy lifestyle with all of our families. Please take a moment to answer the following questions. We realize how busy parents are and how difficult it is to do all the right things! The questions below reflect only a small number of the challenges that face families each day.

1. My child eats 5 or more servings of fruits and vegetables on most days.
   Please circle true or false.
   True  False

2. My child eats a healthy breakfast every day.
   True  False

3. My child usually eats dinner at the table with other family members.
   True  False

4. My child eats take out, fast food, or other restaurant food less than two times per week.
   True  False

5. My child participates in physical activity for at least 1 hour each day.
   *This would include sports as well as general play where you are up and moving.
   True  False

6. My child drinks fat free or 1% milk rather than 2% or whole milk.
   True  False

7. My child drinks less than 6 ounces of 100% fruit juice every day.
   True  False

8. My child spends more than 2 hours per day in front of the TV or computer.
   True  False

9. My child has a TV in the bedroom.
   True  False

10. My child has drinks with sugar (punch, fruit drinks, sports drinks, soda, icees, etc) on most days of the week.
    True  False

---

My child has (circle the correct answer):

Parent or sibling who is overweight or obese.
   Yes  No

Siblings, parents, grandparents, aunts or uncles with:
   Diabetes Type 2       Yes   No
   High blood pressure   Yes   No
   High cholesterol      Yes   No
   Heart attack before age 55  Yes   No
   Stroke before age 55    Yes   No

---

Circle the number which best reflects where you are at on the number continuum.

How concerned are you about your child’s diet and physical activity habits?

Not concerned  Very concerned
1  2  3  4  5  6  7  8  9  10

How ready are you to make changes?

Not ready  Very ready
1  2  3  4  5  6  7  8  9  10

How confident are you that you can make changes?

Not confident  Very confident
1  2  3  4  5  6  7  8  9  10
**Space for auto-populated information including name, DOB, sex, BMI**

---

**Weight Status:** This child’s BMI percentile puts her/him in the **Healthy Weight** category (BMI 5th to 84th percentile)

---

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3. Limit television and other screen time (the AAP recommends no television viewing before 2 years of age and thereafter no more than 2 hours of television viewing per day).
4. Eat breakfast daily.
5. Limit eating out at restaurants, particularly fast food restaurants.
6. Encourage family meals during which parents and children eat together.
7. Allow child to self-regulate his or her food.
   - Find ways to reward good behavior other than with food.
   - Parents say “what & when”, children say “how much.”

---

**Resources & References**

- Recommended daily intake amounts of fruits and vegetables based on age and sex can be found at [www.mypyramid.gov](http://www.mypyramid.gov)
Survey for Parents of Children Ages 6-11 Years Old

Patient Name: _____________________
Age: ______  Date: ________________

In our office, we are interested in discussing the aspects of a healthy lifestyle with all of our families. Please take a moment to answer the following questions. We realize how busy parents are and how difficult it is to do all the right things! The questions below reflect only a small number of the challenges that face families each day.

<table>
<thead>
<tr>
<th>Question</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My child eats 5 or more servings of fruits and vegetables on most days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. My child eats a healthy breakfast every day.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. My child usually eats dinner at the table with other family members.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. My child eats take out, fast food, or other restaurant food less than two times per week.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. My child participates in physical activity for at least 1 hour each day.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>This would include sports as well as general play where you are up and moving.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. My child drinks fat free or 1% milk rather than 2% or whole milk.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. My child drinks less than 12 ounces of 100% fruit juice every day.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. My child spends more than 2 hours per day in front of the TV or computer.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. My child has a TV in the bedroom.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. My child has drinks with sugar (punch, fruit drinks, sports drinks, soda, icees, etc) on most days of the week.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

My child has (circle the correct answer):

Parent or sibling who is overweight or obese.  
Yes  No

Siblings, parents, grandparents, aunts or uncles with:

- Diabetes Type 2  Yes  No
- High blood pressure  Yes  No
- High cholesterol  Yes  No
- Heart attack before age 55  Yes  No
- Stroke before age 55  Yes  No

Circle the number which best reflects where you are at on the number continuum.

<table>
<thead>
<tr>
<th>How concerned are you about your child’s diet and physical activity habits?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not concerned</td>
</tr>
<tr>
<td>Very concerned</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How ready are you to make changes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not ready</td>
</tr>
<tr>
<td>Very ready</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How confident are you that you can make changes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not confident</td>
</tr>
<tr>
<td>Very confident</td>
</tr>
</tbody>
</table>
Space for auto-populated information including name, DOB, sex, BMI

**Weight Status:** This child’s BMI percentile puts her/him in the **Healthy Weight** category (BMI 5th to 84th percentile)

**AAP MANAGEMENT/TREATMENT RECOMMENDATIONS BASED ON BMI PERCENTILE**

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2. Encourage consumption of diets with recommended quantities of fruits and vegetables.
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4. Eat breakfast daily.
5. Limit eating out at restaurants, particularly fast food restaurants.
6. Encourage family meals during which parents and children eat together.
7. Allow child to self-regulate his or her food.
   - Find ways to reward good behavior other than with food.
   - Parents say “what & when”, children say “how much.”

**Resources & References**

- Recommended daily intake amounts of fruits and vegetables based on age and sex can be found at [www.mypyramid.gov](http://www.mypyramid.gov)
Survey for Patients Ages 12-18 Years Old

In our office, we are interested in discussing the aspects of a healthy lifestyle with all of our patients. Please take a moment to answer the following questions. We realize how busy families and children are and how difficult it is to do all the right things! The questions below reflect only a small number of the challenges that face individuals each day.

1. I eat 5 or more servings of fruits and vegetables on most days.
2. I eat a healthy breakfast every day.
3. I usually eat dinner at the table with other family members.
4. I eat take out, fast food, or other restaurant food less than two times per week.
5. I participate in physical activity for at least 1 hour each day. *This would include sports as well as general play where you are up and moving.
6. I drink fat free or 1% milk rather than 2% or whole milk.
7. I drink less than 12 ounces of 100% fruit juice every day.
8. I spend more than 2 hours per day in front of the TV or computer.
9. I have a TV in my bedroom.
10. I have drinks with sugar (punch, fruit drinks, sports drinks, soda, icees, etc) on most days of the week.

Please circle true or false.

I have (circle the correct answer):

Parent or sibling who is overweight or obese. Yes No

Siblings, parents, grandparents, aunts or uncles with:
Diabetes Type 2 Yes No
High blood pressure Yes No
High cholesterol Yes No
Heart attack before age 55 Yes No
Stroke before age 55 Yes No

Circle the number which best reflects where you are at on the number continuum.

How concerned are you about your diet and physical activity habits?

How ready are you to make changes?

How confident are you that you can make changes?
OVERWEIGHT TOOLS
Pt Name, DOB, date of visit, BMI percentile, height percentile will all be auto populated at the top of this page.

Weight Status: This 2-5 year old’s BMI percentile puts her/him in the overweight category (BMI 85th to 94th percentile)

STEP 1: ASSESS THE CURRENT AND FUTURE WEIGHT-RELATED DISEASE BURDEN.

a. Assess Vitals: Is the patient hypertensive?

Blood Pressure Table for GIRLS by Age and Height Percentile

<table>
<thead>
<tr>
<th>Age</th>
<th>BP %</th>
<th>Systolic BP (mmHg) % of Height</th>
<th>Diastolic BP (mmHg) % of Height</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>5th</td>
<td>10th</td>
</tr>
<tr>
<td>2</td>
<td>95th</td>
<td>101</td>
<td>103</td>
</tr>
<tr>
<td>3</td>
<td>95th</td>
<td>104</td>
<td>104</td>
</tr>
<tr>
<td>4</td>
<td>95th</td>
<td>105</td>
<td>106</td>
</tr>
<tr>
<td>5</td>
<td>95th</td>
<td>107</td>
<td>107</td>
</tr>
</tbody>
</table>

Blood Pressure Table for BOYS by Age and Height Percentile

<table>
<thead>
<tr>
<th>Age</th>
<th>BP %</th>
<th>Systolic BP (mmHg) % of Height</th>
<th>Diastolic BP (mmHg) % of Height</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>5th</td>
<td>10th</td>
</tr>
<tr>
<td>2</td>
<td>95th</td>
<td>101</td>
<td>103</td>
</tr>
<tr>
<td>3</td>
<td>95th</td>
<td>104</td>
<td>105</td>
</tr>
<tr>
<td>4</td>
<td>95th</td>
<td>106</td>
<td>107</td>
</tr>
<tr>
<td>5</td>
<td>95th</td>
<td>108</td>
<td>109</td>
</tr>
</tbody>
</table>

b. Is the child taking any of these obesogenic medications?

Antipsychotics_____ Mood Stabilizers_____ TCA_____ Anticonvulsants____ Prednisone_____ SSRI_____

c. Laboratory Assessment - Are any levels above borderline or higher?

Total Cholesterol > 170____ LDL > 110____ Triglycerides > 110____ HDL < 40____

d. Assess Comorbidities and ROS – Is there presence of comorbidites from the ROS?

- Anxiety, irritability, somatization (Depression)
- Polyuria, polydipsia, wt loss (DM)
- Abdominal pain (GERD, Gall bladder disease, constipation)
- Hip/knee pain, limping (SCFE)
- Daytime sleepiness (Sleep apnea, hypoventilation syndrome, depression)
- Headaches (Pseudotumor cerebri)
- Night breathing problems (Sleep apnea, hypoventilation syndrome, asthma)

□ Night breathing problems (Sleep apnea, hypoventilation syndrome, asthma)

□ Potential Causes of Obesity
- Violaceous striae (Cushing’s syndrome)
- Undescended testicle (Prader-Willi syndrome)
- Dysmorphic features (Genetic disorders)
- Poor linear growth (Hypothyroidism, Cushing’s, Prader-Willi)

□ Potential Comorbidities/Complications of Obesity
- Papilledema, cranial nerve VI paralysis (Pseudotumor cerebri)
- Tonsillar hypertrophy (Sleep apnea)
- Abdominal tenderness (Gall bladder disease, GERD, NAFLD)
- Acanthosis nigricans (NIDDM, insulin resistance)
- Lower leg bowing (Blount’s disease)
- Hepatomegaly (Nonalcoholic fatty liver disease)
- Limited hip range of motion (Slipped capital femoral epiphysis)

f. Review assessment tool – is family history positive for any of the following?

Family Hx: Obesity____ HTN____ Type 2 DM____ Hyperlipidemia____ Early MI____ Early Stroke____

If any above medical risks are noted “Yes” in Step 1 use tailored approach Step 3b.
### STEP 2: REVIEW BEHAVIOR TARGETS & FAMILY READINESS FOR CHANGE

a. Reinforce positive behaviors noted on survey tool and note risky behaviors below.
- Eats <5 svgs fruit & veggies every day.
- Does not eat a healthy breakfast every day.
- Does not usually eat meals at the table with family.
- Eats take out or fast food ≥2x per week.
- Spends >2 hours TV &/or computer time per day.
- Physical activity less than 1 hr per day.
- Drinks >1 sugar sweetened beverage per day.
- Drinks 2% or greater milk.
- Drinks > 6 oz 100% fruit juice per day.
- TV in bedroom.

b. Assess readiness for change – Record number from survey tool
   - Concern about child’s diet & physical activity habits?
   - Ready to make changes?
   - Confidence in ability to make changes?
   - 0-3 = Not Ready  4-6 = Unsure  7-10 = Ready

### STEP 3: TAILOR APPROACH TO FAMILY/PATIENT

<table>
<thead>
<tr>
<th>3a. OVERWEIGHT WITH NO MEDICAL RISK FACTORS (PREVENTION)</th>
<th>3b. OVERWEIGHT WITH MEDICAL RISK FACTORS (STAGE 1: PREVENTION PLUS)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOAL</strong></td>
<td>Weight velocity maintenance.</td>
</tr>
</tbody>
</table>
| **RECOMMENDATIONS** | - Provide basic education specific to weight classifications and review the medical risks associated with obesity.  
- Target problem behaviors identified in Step 2.  
- Review prevention messages (e.g. 5210)  
- Praise current practice when appropriate.  
- Counsel and guide parents through goals they set themselves using Step 2.  
- If low parental concern (i.e. pre-contemplation, 0 to 3) attempt to motivate by educating family regarding medical risk factors associated with obesity.  
- Refer or order appropriate follow-up testing for comorbidities. |
| **LABS** | Obtain fasting lipid profile.  
Repeat every 3-5 years if normal.  
Obtain fasting lipid profile.  
Repeat every 3-5 years if normal. |
| **FOLLOW UP** | Yearly for health maintenance. Consider more frequently to confirm weight percentile is stable (especially if history is unknown).  
Monthly ideally. If no progress in 6 months, advance to Stage 2 (Structured Weight Management). |

### STEP 4: ASSESSMENT & PLAN

<table>
<thead>
<tr>
<th>Labs (check those obtained during visit)</th>
<th>Recommended Follow Up</th>
<th>Referrals: _____ None _____ Yes (list below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fasting lipid profile</td>
<td>Weeks</td>
<td>____________________________</td>
</tr>
<tr>
<td>Other</td>
<td>Months</td>
<td>____________________________</td>
</tr>
<tr>
<td>Year</td>
<td>Year</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

Counseling occurred for _______ minutes and comprised 50% or more of visit.  
Yes _______ No  
Topics addressed: weight counseling physical activity counseling nutrition counseling

Agreed upon goals from target behaviors in 2a (above)

OTHER NOTES: _____________________________________________________________

Provider Signature: ____________________________ Date: ______________________

**Billing Information** - This section is for information only and cannot be taken as a guarantee of payment for services. Check with the patient’s health plan directly to determine eligibility and billing requirements.

| Condition                      | Code | Description                  | Units | Modifiers | HCPCS Code | MDCHE Code | Medicaid | Tricare | Medicare | Medicaid | Tricare | Medicare |
|--------------------------------|------|------------------------------|-------|-----------|------------|------------|-----------|----------|----------|-----------|----------|----------|----------|
| Hypertension                   | 401.9| Obesity                      | 278.00| 1          | V85.53     | V85.54     | 250.00    |          |          | 530.81    | 256.4    |          |          |
| Hyperlipidemia                 | 272.0| Obstructive sleep ap         | 780.57| 1          | V85.53     | V85.54     | 250.00    |          |          | 530.81    | 256.4    |          |          |
| Sleep disturb.                 | 780.50| Inappropriate diet           | V69.1 | 1          | V65.41     | V65.3      | 256.4     |          |          | 493.9     |          |          |          |
| Anxiety                        | 300.0| Lack of exercise             | V69.0 | 1          | V65.41     | V65.3      | 256.4     |          |          | 493.9     |          |          |          |
| Gallstones                     | 574.20| Nonalcoholic fatty liver dis | 31.1  | 1          | 244.9      | 244.9      | 564.0     |          |          | 493.9     |          |          |          |
| Fasting h/o type 2 DM          | V18.0| Elevated BP                  | 796.2 | 1          | V17.3      | V17.3      | 18.0      |          |          | 493.9     | 18.0     |          |          |
| Fasting h/o type 1 DM          | V18.0|                              |       |            |            |            |           |          |          | 493.9     | 18.0     |          |          |


**Resources & References**
Survey for Caregivers of Children Ages 2-5 years old

Patient Name: ____________________
Age: _____  Date: ______________

In our office, we are interested in discussing the aspects of a healthy lifestyle with all of our families. Please take a moment to answer the following questions. We realize how busy parents are and how difficult it is to do all the right things! The questions below reflect only a small number of the challenges that face families each day.

Please circle true or false.

1. My child eats 5 or more servings of fruits and vegetables on most days.
   True  False

2. My child eats a healthy breakfast every day.
   True  False

3. My child usually eats dinner at the table with other family members.
   True  False

4. My child eats take out, fast food, or other restaurant food less than two times per week.
   True  False

5. My child participates in physical activity for at least 1 hour each day.
   True  False
   *This would include sports as well as general play where you are up and moving.

6. My child drinks fat free or 1% milk rather than 2% or whole milk.
   True  False

7. My child drinks less than 6 ounces of 100% fruit juice every day.
   True  False

8. My child spends more than 2 hours per day in front of the TV or computer.
   True  False

9. My child has a TV in the bedroom.
   True  False

10. My child has drinks with sugar (punch, fruit drinks, sports drinks, soda, icees, etc) on most days of the week.
    True  False

My child has (circle the correct answer):

Parent or sibling who is overweight or obese.
   Yes  No

Siblings, parents, grandparents, aunts or uncles with:

Diabetes Type 2  Yes  No
High blood pressure  Yes  No
High cholesterol  Yes  No
Heart attack before age 55  Yes  No
Stroke before age 55  Yes  No

Circle the number which best reflects where you are at on the number continuum.

How concerned are you about your child's diet and physical activity habits?

Not concerned  Very concerned
1  2  3  4  5  6  7  8  9  10

How ready are you to make changes?

Not ready  Very ready
1  2  3  4  5  6  7  8  9  10

How confident are you that you can make changes?

Not confident  Very confident
1  2  3  4  5  6  7  8  9  10
Weight Status: This 6-11 year old’s BMI percentile puts her/him in the **overweight** category (BMI 85th to 94th percentile)

### STEP 1: ASSESS THE CURRENT AND FUTURE WEIGHT-RELATED DISEASE BURDEN.

#### a. Assess Vitals: Is the patient hypertensive?

<table>
<thead>
<tr>
<th>Blood Pressure Table for GIRLS by Age and Height Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>6 95th</td>
</tr>
<tr>
<td>7 95th</td>
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<tr>
<td>8 95th</td>
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<td>9 95th</td>
</tr>
<tr>
<td>10 95th</td>
</tr>
<tr>
<td>11 95th</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Blood Pressure Table for BOYS by Age and Height Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>6 95th</td>
</tr>
<tr>
<td>7 95th</td>
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<td>8 95th</td>
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<tr>
<td>9 95th</td>
</tr>
<tr>
<td>10 95th</td>
</tr>
<tr>
<td>11 95th</td>
</tr>
</tbody>
</table>

#### b. Is the child taking any of these obesogenic medications?

- Antipsychotics
- Mood Stabilizers
- TCA
- Anticonvulsants
- Prednisone
- SSRI

#### c. Laboratory Assessment - Are any levels above borderline or higher?

- Total Cholesterol >170
- LDL >110
- Triglycerides >110
- HDL <40

For ages >10 also obtain:
- ALT or AST >60 on two occasions
- Fasting glucose >100 (impaired glucose tolerance) OR >126 (diabetes)

#### d. Assess Comorbidities and ROS – Is there presence of comorbidities from the ROS?

- Anxiety, school avoidance, social isolation (Depression)
- Daytime sleepiness (Sleep apnea, hypotension syndrome, depression)
- Night breathing problems (Sleep apnea, hypotension syndrome, asthma)
- Shortness of breath, exercise intolerance (Asthma, lack of physical conditioning)
- Abdominal pain (GERD, constipation, gallbladder disease, NAFLD)
- Polyuria, polydipsia, wt loss (DM)
- Hip/knee pain (SCFE, limping)
- Headaches (Pseudotumor cerebri)
- Nocturnal Enuresis (Obstructive sleep apnea)

#### e. Physical Exam – Are comorbidities noted on the physical exam?

- Violaceous striae (Cushing’s syndrome)
- Poor linear growth (Hypothyroidism, Cushing’s, Prader-Willi)
- Goiter (hypothyroidism)
- Undescended testicle (Prader-Willi syndrome)
- Dysmorphic features (Genetic disorders)
- Lower leg bowing (Blount’s disease)
- Papilledema, cranial nerve VI paralysis (Pseudotumor cerebri)
- Tonsillar hypertrophy (Sleep apnea)
- Limited hip range of motion (Slipped capital femoral epiphysis)
- Advanced Tanner Stage (Premature puberty in 7 yo white girls, 6 yo black girls, 9 yo boys)

#### f. Review assessment tool – is family history positive for any of the following?

- Obesity
- HTN
- Type 2 DM
- Hyperlipidemia
- Early MI
- Early Stroke

---

*If any above medical risks are noted “Yes” in Step 1 use tailored approach Step 3b.*
### STEP 2: REVIEW BEHAVIOR TARGETS & FAMILY READINESS FOR CHANGE

**a. Reinforce positive behaviors noted on survey tool and note risky behaviors below.**

- Eats <5 svgs fruit & veggies every day.
- Does not eat a healthy breakfast every day.
- Does not usually eat meals at the table with family.
- Eats take-out or fast food ≥2x per week.
- Spends >2 hours TV &/or computer time per day.
- Physical activity less than 1 hr per day.
- Drinks >1 sugar sweetened beverage per day
- Drinks 2% or greater milk.
- Drinks > 6 oz 100% fruit juice per day.
- TV in bedroom.

**b. Assess readiness for change – Record number from survey tool**

- Concern about child’s diet & physical activity habits? ______ Ready to make changes? ______ Confidence in ability to make changes?
- 0-3=Not Ready 4-6=Unsure 7-10=Ready

### STEP 3: TAILOR APPROACH TO FAMILY AND PATIENT

<table>
<thead>
<tr>
<th>3a. OVERWEIGHT WITH NO MEDICAL RISK FACTORS (PREVENTION)</th>
<th>3b. OVERWEIGHT WITH MEDICAL RISK FACTORS (STAGE 1 - PREVENTION PLUS)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOAL</strong> Weight velocity maintenance.</td>
<td>Weight maintenance or slow weight gain.</td>
</tr>
<tr>
<td><strong>RECOMMENDATIONS</strong></td>
<td></td>
</tr>
<tr>
<td>• Provide basic education specific to weight classifications and review the medical risks associated with obesity.</td>
<td></td>
</tr>
<tr>
<td>• Target problem behaviors identified in Step 2.</td>
<td></td>
</tr>
<tr>
<td>• Review prevention messages (e.g. 5210)</td>
<td></td>
</tr>
<tr>
<td>• Praise current practice when appropriate.</td>
<td></td>
</tr>
<tr>
<td><strong>LABS</strong> Obtain fasting lipid profile. Repeat every 3-5 years if normal.</td>
<td>Obtain fasting lipid profile. Obtain fasting glucose &amp; ALT/AST for 10 yo &amp; greater. Repeat every 3-5 years if normal.</td>
</tr>
<tr>
<td><strong>FOLLOW UP</strong> Yearly for health maintenance. Consider more frequently to confirm weight percentile is stable, especially if history is unknown.</td>
<td>Monthly ideally. If no progress is made in 3-6 months, Stage 2 (Structured Weight Management) should be considered.</td>
</tr>
</tbody>
</table>

### STEP 4: ASSESSMENT & PLAN

<table>
<thead>
<tr>
<th>Labs (check those obtained during visit)</th>
<th>Recommended Follow Up</th>
<th>Referrals: ___ None ___ Yes (list below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Fasting lipid profile</td>
<td>___ Weeks</td>
<td></td>
</tr>
<tr>
<td>___ Fasting glucose (≥ 10 yo)</td>
<td>___ Months</td>
<td></td>
</tr>
<tr>
<td>___ ALT / AST (≥ 10 yo)</td>
<td>___ Year</td>
<td></td>
</tr>
<tr>
<td>___ Other ________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Counseling occurred for ______ minutes and comprised 50% or more of visit.  ___ Yes  ___ No
Topics addressed: ____ weight counseling  ____ physical activity counseling  ____ nutrition counseling
Agreed upon goals for target behaviors from 2a:  
**OTHER**
NOTES: __________________________________________ __________________________________________ __________________________________________ __________________________________________ __________________________________________

**Billing Information** - This section is for information only and cannot be taken as a guarantee of payment for services. Check with the patient’s health plan directly to determine eligibility and billing requirements.

<table>
<thead>
<tr>
<th><strong>Hypertension</strong> 401.9 Obesity</th>
<th><strong>278.00</strong> BMI 85th to &lt; 95th %tile</th>
<th><strong>V85.53</strong> BMI, &gt; 95th %tile</th>
<th><strong>V85.54</strong> Type 2 DM</th>
<th><strong>250.00</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hyperlipidemia</strong> 272.00</td>
<td><strong>278.57</strong> Primary Cushing syndrome</td>
<td><strong>255.00</strong> Excessive wt gain</td>
<td><strong>738.1</strong> GERD</td>
<td><strong>530.81</strong></td>
</tr>
<tr>
<td><strong>Sleep disturb.</strong> 780.50</td>
<td><strong>Inappropriate diet V69.1 Physical activity counseling V65.41</strong></td>
<td><strong>Nutrition counseling V65.3 PCOS 256.4</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gallstones</strong> 574.20 Depression</td>
<td><strong>311.0 Nonalcoholic fatty liver dis 571.8 Hypothyroidism 244.9 Constipation 564.0</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fam hx of type 2 DM</strong> V18.0 Elevated BP</td>
<td><strong>796.2 Fam hx of cardiovascular dis V17.3 Fam hx of type 2 DM V138.0</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**Resources & References**

Survey for Parents of Children Ages 6-11 Years Old

Patient Name: ____________________
Age: ______   Date: ________________

In our office, we are interested in discussing the aspects of a healthy lifestyle with all of our families. Please take a moment to answer the following questions. We realize how busy parents are and how difficult it is to do all the right things! The questions below reflect only a small number of the challenges that face families each day.

1. My child eats 5 or more servings of fruits and vegetables on most days. 
   Please circle true or false. 
   True  False

2. My child eats a healthy breakfast every day. 
   True  False

3. My child usually eats dinner at the table with other family members. 
   True  False

4. My child eats take out, fast food, or other restaurant food less than two times per week. 
   True  False

5. My child participates in physical activity for at least 1 hour each day. 
   *This would include sports as well as general play where you are up and moving.
   True  False

6. My child drinks fat free or 1% milk rather than 2% or whole milk. 
   True  False

7. My child drinks less than 12 ounces of 100% fruit juice every day. 
   True  False

8. My child spends more than 2 hours per day in front of the TV or computer. 
   True  False

9. My child has a TV in the bedroom. 
   True  False

10. My child has drinks with sugar (punch, fruit drinks, sports drinks, soda, icees, etc) on most days of the week. 
    True  False

My child has (circle the correct answer):

Parent or sibling who is overweight or obese.
Yes  No

Siblings, parents, grandparents, aunts or uncles with:

- Diabetes Type 2 Yes  No
- High blood pressure Yes  No
- High cholesterol Yes  No
- Heart attack before age 55 Yes  No
- Stroke before age 55 Yes  No

Circle the number which best reflects where you are at on the number continuum.

How concerned are you about your child’s diet and physical activity habits?
Not concerned  Very concerned

Not ready  Very ready

How confident are you that you can make changes?
Not confident  Very confident
**Weight Status:** This 12-18 year old’s BMI percentile puts her/him in the overweight category (BMI 85th to 94th percentile).

**STEP 1: ASSESS THE CURRENT AND FUTURE WEIGHT-RELATED DISEASE BURDEN.**

a. Assess Vitals: Is the patient hypertensive?

- Blood Pressure Table for GIRLS by Age and Height Percentile
- Blood Pressure Table for BOYS by Age and Height Percentile

b. Is the child taking any of these obesogenic medications?

- Antipsychotics
- Mood Stabilizers
- TCA
- Anticonvulsants
- Prednisone
- SSRI

**c. Laboratory Assessment - Are any levels above borderline or higher?**

- Total Cholesterol ≥ 170
- LDL ≥ 110
- Triglycerides > 110
- HDL < 40
- ALT or AST >60 on two occasions
- Fasting glucose >100 (Impaired glucose tolerance)
- OR >126 (diabetes)

**d. Assess Comorbidities and ROS – Is there presence of comorbidites from the ROS?**

- Anxiety, school avoidance, social isolation (Depression)
- Abdominal pain (GERD, Gall bladder disease, constipation)
- Daytime sleepiness (Sleep apnea, hypventilation syndrome, depression)
- Night breathing problems (Sleep apnea, hypventilation syndrome, asthma)
- Shortness of breath, exercise intolerance (Asthma, lack of physical conditioning)
- Hirsutism, excessive acne, irregular menses - <9 cycles per yr (Polycystic ovarian syndrome)
- Tobacco use (Increased cardiovascular risk)

**e. Physical Exam – Are comorbidities noted on the physical exam?**

- Violaceous striae (Cushing’s syndrome)
- Poor linear growth (Hypothyroidism, Cushing’s, Prader-Willi)
- Goiter (Hypothyroidism)

**Potential Causes of Obesity**

- Undescended testicle (Prader-Willi syndrome)
- Dysmorphic features (Genetic disorders)

**Potential Comorbidities/Complications of Obesity**

- Lower leg bowing (Blount’s disease)
- Papilledema, cranial nerve VI paralysis (Pseudotumor cerebri)
- Tonsillar hypertrophy (Sleep apnea)
- Limited hip range of motion (Slipped capital femoral epiphysis)

**f. Review assessment tool – is family history positive for any of the following?**

- Family Hx: Obesity
- HTN
- Type 2 DM
- Hyperlipidemia
- Early MI
- Early Stroke

If any above medical risks are noted “Yes” in Step 1 use tailored approach Step 3b.
a. Reinforce positive behaviors noted on survey tool and note risky behaviors below.

☐ Eats <5 svgs fruit & veggies every day.
☐ Does not eat a healthy breakfast every day.
☐ Does not usually eat meals at the table with family.
☐ Eats take out or fast food >2x per week.
☐ Spends >2 hours TV &/or computer time per day.
☐ Physical activity less than 1 hr per day.
☐ Drinks > 1 sugar sweetened beverage per day
☐ Drinks 2% or greater milk.
☐ Drinks > 12 oz 100% fruit juice per day.
☐ TV in bedroom.

b. Assess readiness for change – Record number from survey tool

____ Concern about child’s diet & physical activity habits?  ____ Ready to make changes?  ____ Confidence in ability to make changes?
0-3=Not Ready 4-6=Unsure 7-10=Ready

### STEP 3: TAILOR APPROACH TO PATIENT/FAMILY

<table>
<thead>
<tr>
<th>3a. OVERWEIGHT WITH NO MEDICAL RISK FACTORS (PREVENTION)</th>
<th>3b. OVERWEIGHT WITH MEDICAL RISK FACTORS (STAGE 1 - PREVENTION PLUS)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOAL</strong></td>
<td>Weight velocity maintenance.</td>
</tr>
</tbody>
</table>
| **RECOMMENDATIONS** | • Provide basic education specific to weight classifications and review the medical risks associated with obesity.  
• Target problem behaviors identified in Step 2.  
• Review prevention messages (e.g. 5210)  
• Praise current practice when appropriate. | • Counsel and guide parents & patients (if appropriate) through goals they set themselves based on problem behaviors identified in Step 2a.  
• If low parental / patient concern (i.e. pre-contemplation, 1-3 in Step 2b) attempt to motivate by educating family regarding medical risk factors associated with obesity.  
• Refer or order appropriate follow-up testing for co-morbidities. |
| **LABS** | Obtain fasting lipid profile. Repeat every 3-5 years if normal. | Obtain fasting lipid profile. Obtain fasting glucose & ALT/AST for 10 yo & greater. Repeat every 3-5 years if normal. |
| **FOLLOW UP** | Yearly for health maintenance. Consider more frequently to confirm weight percentile is stable, especially if history is unknown. | Monthly ideally. If no progress is made in 3-6 months, Stage 2 (Structured Weight Management) should be considered. |

### STEP 4: ASSESSMENT & PLAN

<table>
<thead>
<tr>
<th>Labs (check those obtained during visit)</th>
<th>Recommended Follow Up</th>
<th>Referrals: ____ None  ____ Yes (list below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Fasting lipid profile</td>
<td>____ Weeks</td>
<td></td>
</tr>
<tr>
<td>____ Fasting glucose</td>
<td>____ Months</td>
<td></td>
</tr>
<tr>
<td>____ ALT / AST</td>
<td>____ Year</td>
<td></td>
</tr>
<tr>
<td>____ Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Counseling occurred for ______ minutes and comprised 50% or more of visit.  ____ Yes  ____ No

Topics addressed:  ____ weight counseling  ____ physical activity counseling  ____ nutrition counseling

Agreed upon goals for target behaviors from 2a:

OTHER NOTES: ____________________________________________

Provider Signature: ____________________________ Date: __________

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<table>
<thead>
<tr>
<th>Disease</th>
<th>Code (MED)</th>
<th>Code (HCPCS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>401.9</td>
<td>278.00</td>
</tr>
<tr>
<td>Obesity</td>
<td>272.0</td>
<td>780.57</td>
</tr>
<tr>
<td>Obstructive sleep ap</td>
<td>85.53</td>
<td>V85.54</td>
</tr>
<tr>
<td>Primary Cushing syndrome</td>
<td>255.0</td>
<td>V85.54</td>
</tr>
<tr>
<td>Excessive wt gain</td>
<td>783.1</td>
<td>V85.54</td>
</tr>
<tr>
<td>GERD</td>
<td>530.81</td>
<td></td>
</tr>
<tr>
<td>PCOS</td>
<td>256.4</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>300.0</td>
<td>V69.1</td>
</tr>
<tr>
<td>Lack of exercise</td>
<td>701.2</td>
<td>V69.1</td>
</tr>
<tr>
<td>Acanthosis nigricans</td>
<td>272.1</td>
<td>V69.1</td>
</tr>
<tr>
<td>Hypertriglyceridemia</td>
<td>493.9</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>564.0</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>574.20</td>
<td>311.0</td>
</tr>
<tr>
<td>Depression</td>
<td>17.3</td>
<td>V18.0</td>
</tr>
<tr>
<td>Nonalcoholic fatty liver diseased</td>
<td>571.8</td>
<td>V18.0</td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td>244.9</td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td>564.0</td>
<td></td>
</tr>
<tr>
<td>Fam hx of type 2 DM</td>
<td>V18.0</td>
<td>V18.0</td>
</tr>
</tbody>
</table>


**Resources & References**

In our office, we are interested in discussing the aspects of a healthy lifestyle with all of our patients. Please take a moment to answer the following questions. We realize how busy families and children are and how difficult it is to do all the right things! The questions below reflect only a small number of the challenges that face individuals each day.

**Please circle true or false.**

1. I eat 5 or more servings of fruits and vegetables on most days. True False
2. I eat a healthy breakfast every day. True False
3. I usually eat dinner at the table with other family members. True False
4. I eat take out, fast food, or other restaurant food less than two times per week. True False
5. I participate in physical activity for at least 1 hour each day. True False
   *This would include sports as well as general play where you are up and moving.*
6. I drink fat free or 1% milk rather than 2% or whole milk. True False
7. I drink less than 12 ounces of 100% fruit juice every day. True False
8. I spend more than 2 hours per day in front of the TV or computer. True False
9. I have a TV in my bedroom. True False
10. I have drinks with sugar (punch, fruit drinks, sports drinks, soda, icees, etc) on most days of the week. True False

---

**I have (circle the correct answer):**

**Parent or sibling who is overweight or obese.**

- Yes
- No

**Siblings, parents, grandparents, aunts or uncles with:**

- Diabetes Type 2
- High blood pressure
- High cholesterol
- Heart attack before age 55
- Stroke before age 55

- Yes
- No

---

**Circle the number which best reflects where you are at on the number continuum.**

**How concerned are you about your diet and physical activity habits?**

Not concerned

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

Very concerned

**How ready are you to make changes?**

Not ready

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

Very ready

**How confident are you that you can make changes?**

Not confident

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

Very confident
OBESE TOOLS
Weight Status: This 2-5 year old’s BMI percentile puts her/him in the obese category (BMI ≥95th percentile)

**STEP 1: ASSESS THE CURRENT AND FUTURE WEIGHT-RELATED DISEASE BURDEN.**

### a. Assess Vitals: Is the patient hypertensive?

**Blood Pressure Table for GIRLS by Age and Height Percentile**

<table>
<thead>
<tr>
<th>Age</th>
<th>BP %</th>
<th>Systolic BP (mmHg)</th>
<th>Diastolic BP (mmHg)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>5th</td>
<td>10th</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5th</td>
<td>10th</td>
</tr>
<tr>
<td>2</td>
<td>95th</td>
<td>85</td>
<td>90</td>
</tr>
<tr>
<td>3</td>
<td>95th</td>
<td>85</td>
<td>90</td>
</tr>
<tr>
<td>4</td>
<td>95th</td>
<td>85</td>
<td>90</td>
</tr>
<tr>
<td>5</td>
<td>95th</td>
<td>85</td>
<td>90</td>
</tr>
</tbody>
</table>

**Blood Pressure Table for BOYS by Age and Height Percentile**

<table>
<thead>
<tr>
<th>Age</th>
<th>BP %</th>
<th>Systolic BP (mmHg)</th>
<th>Diastolic BP (mmHg)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>5th</td>
<td>10th</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5th</td>
<td>10th</td>
</tr>
<tr>
<td>2</td>
<td>95th</td>
<td>85</td>
<td>90</td>
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<tr>
<td>3</td>
<td>95th</td>
<td>85</td>
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<tr>
<td>4</td>
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<td>90</td>
</tr>
<tr>
<td>5</td>
<td>95th</td>
<td>85</td>
<td>90</td>
</tr>
</tbody>
</table>

### b. Is the child taking any of these obesogenic medications?

- Antipsychotics
- Mood Stabilizers
- TCA
- Anticonvulsants
- Prednisone
- SSRI

### c. Laboratory Assessment - Are any levels above borderline or higher?

- Total Cholesterol > 170
- LDL > 110
- Triglycerides > 110
- HDL < 40

### d. Assess Comorbidities and ROS – Is there presence of comorbidites from the ROS?

- Anxiety, school avoidance, social isolation (Depression)
- Abdominal pain (GERD, Gall bladder disease, constipation)
- Daytime sleepiness (Sleep apnea, hypoventilation syndrome, depression)
- Headaches (Pseudotumor cerebri)
- Night breathing problems (Sleep apnea, hypoventilation syndrome, asthma)
- Polyuria, polydipsia, wt loss (DM)
- Hip/knee pain (SCFE)

### e. Physical Exam – Are comorbidities noted on the physical exam?

- Potential Causes of Obesity
  - Violaceous striae (Cushing’s syndrome)
  - Undescended testicle (Prader-Willi syndrome)
  - Dysmorphic features ( Genetic disorders)
  - Poor linear growth (Hypothyroidism, Cushing’s, Prader-Willi)
- Potential Complications of Obesity
  - Papiledema, cranial nerve VI paralysis (Pseudotumor cerebri)
  - Tonsillar hypertrophy (Sleep apnea)
  - Abdominal tenderness (Gall bladder disease, GERD, NAFLD)
  - Acanthosis nigricans (NIDDM, insulin resistance)
  - Lower leg bowing (Blount’s disease)
  - Hepatomegaly (Nonalcoholic fatty liver disease (NAFLD))
  - Limited hip range of motion (Slipped capital femoral epiphysis)

### f. Review assessment tool – is family history positive for any of the following?

- Family Hx: Obesity ___ HTN ___ Type 2 DM ___ Hyperlipidemia ___ Early MI ___ Early Stroke ___

If any above medical risks are noted refer as appropriate.
### STEP 2: REVIEW BEHAVIOR TARGETS & FAMILY READINESS FOR CHANGE

#### a. Reinforce positive behaviors noted on survey tool and note risky behaviors below.

- Eats <5 svgs fruit & veggies every day.
- Does not eat a healthy breakfast every day.
- Nots usually eat meals at the table with family.
- Eats take out or fast food >2x per week.
- Spends >2 hours TV &/or computer time per day.
- Physical activity less than 1 hr per day.
- Drinks > 1 sugar sweetened beverage per day.
- Drinks 2% or greater milk.
- Drinks > 6 oz 100% fruit juice per day.
- TV in bedroom.

#### b. Assess readiness for change – Record numbers from survey tool

<table>
<thead>
<tr>
<th>Concern about child’s diet &amp; physical activity habits?</th>
<th>Ready to make changes?</th>
<th>Confidence in ability to make changes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3=N0t Ready</td>
<td>4-6=Unsure</td>
<td>7-10=Ready</td>
</tr>
</tbody>
</table>

### STEP 3: TAILOR APPROACH TO FAMILY/PATIENT

#### START WITH STAGE 1 (PREVENTION PLUS) AND PROGRESS AS NOTED TO STAGES 2, 3 OR 4

<table>
<thead>
<tr>
<th>GOAL</th>
<th>Stage 1: Prevention Plus</th>
<th>Stage 2: Structured Weight Management</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weight maintenance (weight loss of up to 1 lb/mo may be acceptable if BMI is &gt;21 or 22kg/m2).</td>
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<th>RECOMMENDATIONS</th>
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<td></td>
<td>• Counsel and guide parents through goals they set themselves.</td>
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<td>• Refer or order appropriate follow-up testing for co-morbidities.</td>
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<td></td>
<td>• A structured meal plan developed by a dietician (refer as needed) or clinician who has received additional training in developing this kind of eating plan for children.</td>
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<tr>
<td></td>
<td>• Reduction of sedentary screen time &lt;1 hour per day.</td>
</tr>
<tr>
<td></td>
<td>• Supervised physical activity or active play totaling 60 minutes per day.</td>
</tr>
<tr>
<td></td>
<td>• Monitor above behavior through use of logs.</td>
</tr>
<tr>
<td></td>
<td>• Planned reinforcement for achieving targeted behaviors.</td>
</tr>
<tr>
<td></td>
<td>*As needed, refer for help to dietician, behavioral counselor, physical therapist, personal trainer.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LABS</th>
<th>Obtain fasting lipid profile.</th>
<th>Repeat every 2 years if normal.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Repeat every 2 years if normal.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>FOLLOW UP</th>
<th>Monthly ideally. If no progress is made in 6 months, advance to Stage 2 (Structured Weight Management) if family is ready.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Monthly ideally. If no progress is made in 6 months progress to Stage 3 (Comprehensive Multidisciplinary Intervention) if family is ready.</td>
</tr>
</tbody>
</table>

| Labs (check those obtained during visit) |  |  |  |
| Fasting lipid profile |       | **Recommended Follow Up** |  |  |
| Other |       | Weeks | Months |
| Counseling occurred for minutes and comprised 50% or more of visit. |  |  |  |
| Topics addressed: weight counseling |  | physical activity counseling |  |  |
| Agreed upon goals for target behaviors from 2a: |  |  |  |
| Provider Signature: |  |  |  |

**Billing Information** - This section is for information only and cannot be taken as a guarantee of payment for services. Check with the patient’s health plan directly to determine eligibility and billing requirements.

<table>
<thead>
<tr>
<th>Hypertension</th>
<th>Obesity</th>
<th>BMI 85th to &lt; 95 th %tile</th>
<th>V85.53</th>
<th>BMI &gt; 95th %tile</th>
<th>V85.54</th>
<th>Type 2 DM</th>
<th>250.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>401.9</td>
<td>278.00</td>
<td>Primary Cushing syndrome</td>
<td>255.00</td>
<td>Excessive wt gain</td>
<td>783.1</td>
<td>GERD</td>
<td>530.81</td>
</tr>
<tr>
<td>272.0</td>
<td>270.50</td>
<td>Physical activity counseling</td>
<td>V65.41</td>
<td>Nutrition counseling</td>
<td>V65.3</td>
<td>PCOS</td>
<td>256.4</td>
</tr>
<tr>
<td>300.0</td>
<td>V69.0</td>
<td>Nonalcoholic fatty liver dis</td>
<td>701.2</td>
<td>Hypertiglyceridemia</td>
<td>272.1</td>
<td>Asthma</td>
<td>493.9</td>
</tr>
<tr>
<td>574.20</td>
<td>311.0</td>
<td>Hypothyroidism</td>
<td>571.8</td>
<td>Constipation</td>
<td>244.9</td>
<td>564.0</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>96.2</td>
<td>Fam hx of cardiovascular dis</td>
<td>V17.3</td>
<td>Fam hx of type 2 DM</td>
<td>V18.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**Resources & References**

Survey for Caregivers of Children Ages 2-5 years old

In our office, we are interested in discussing the aspects of a healthy lifestyle with all of our families. Please take a moment to answer the following questions. We realize how busy parents are and how difficult it is to do all the right things! The questions below reflect only a small number of the challenges that face families each day.

<table>
<thead>
<tr>
<th>Question</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My child eats 5 or more servings of fruits and vegetables on most days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. My child eats a healthy breakfast every day.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. My child usually eats dinner at the table with other family members.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. My child eats take out, fast food, or other restaurant food less than two times per week.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. My child participates in physical activity for at least 1 hour each day.</td>
<td>True</td>
<td>False</td>
</tr>
<tr>
<td><em>This would include sports as well as general play where you are up and moving.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. My child drinks fat free or 1% milk rather than 2% or whole milk.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. My child drinks less than 6 ounces of 100% fruit juice every day.</td>
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<td></td>
</tr>
<tr>
<td>8. My child spends more than 2 hours per day in front of the TV or computer.</td>
<td>True</td>
<td>False</td>
</tr>
<tr>
<td>9. My child has a TV in the bedroom.</td>
<td>True</td>
<td>False</td>
</tr>
<tr>
<td>10. My child has drinks with sugar (punch, fruit drinks, sports drinks, soda, icees, etc) on most days of the week.</td>
<td>True</td>
<td>False</td>
</tr>
</tbody>
</table>

My child has (circle the correct answer):

Parent or sibling who is overweight or obese.
- Yes
- No

Siblings, parents, grandparents, aunts or uncles with:

- Diabetes Type 2
  - Yes
  - No
- High blood pressure
  - Yes
  - No
- High cholesterol
  - Yes
  - No
- Heart attack before age 55
  - Yes
  - No
- Stroke before age 55
  - Yes
  - No

How concerned are you about your child’s diet and physical activity habits?

<table>
<thead>
<tr>
<th>Not concerned</th>
<th>Very concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>

How ready are you to make changes?

<table>
<thead>
<tr>
<th>Not ready</th>
<th>Very ready</th>
</tr>
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<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>

How confident are you that you can make changes?

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<th>Not confident</th>
<th>Very confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>
Pt Name, DOB, date of visit, BMI percentile, height percentile will all be auto populated at the top of this page.

**Weight Status:** This 6-11 year old’s BMI percentile puts her/him in the **obese** category

**STEP 1: ASSESS THE CURRENT AND FUTURE WEIGHT-RELATED DISEASE BURDEN.**

a. Assess Vitals: Is the patient hypertensive?

![Blood Pressure Table for GIRLS by Age and Height Percentile](image)

![Blood Pressure Table for BOYS by Age and Height Percentile](image)

b. Is the child taking any of these obesogenic medications?

Antipsychotics_____ Mood Stabilizers_____ TCA___ Anticonvulsants___ Prednisone____ SSRI____

c. Laboratory Assessment - Are any levels above borderline or higher?

Total Cholesterol > 170_____ LDL > 110_____ Triglycerides > 110_____ HDL < 40_____

**For ages >10 also obtain:** ALT or AST >60 on two occasions

Fasting glucose >100 (impaired glucose tolerance)____ OR >126 (diabetes)_____

d. Assess Comorbidities and ROS – Is there presence of comorbidities from the ROS?

- Anxiety, school avoidance, social isolation (Depression)
- Daytime sleepiness (Sleep apnea, hypventilation syndrome, depression)
- Night breathing problems (Sleep apnea, hypventilation syndrome, asthma)
- Shortness of breath, exercise intolerance (Asthma, lack of physical conditioning)
- Abdominal pain (GERD, constipation, gallbladder disease, NAFLD)
- Polyuria, polydipsia, wt loss (DM)
- Hip/knee pain (SCFE, limping)
- Headaches (Pseudotumor cerebri)
- Nocturnal Enuresis (Obstructive sleep apnea)

**e. Physical Exam – Are comorbidities noted on the physical exam?**

- Violaceous striae (Cushing’s syndrome)
- Poor linear growth (Hypothyroidism, Cushing’s, Prader-Willii)
- Goiter (hypothyroidism)
- Undescended testicle (Prader-Willi syndrome)
- Dysmorphic features (Genetic disorders)

**Potential Comorbidities/Complications of Obesity**

- Acanthosis nigricans (NIDDM, insulin resistance)
- Hepatomegaly (Nonalcoholic fatty liver disease)
- Wheezing (Asthma)
- Abdominal tenderness (Gall bladder disease, GERD, NAFLD)
- Lower leg bowing (Blount’s disease)
- Papilledema, cranial nerve VI paralysis (Pseudotumor cerebri)
- Tonsillar hypertrophy (Sleep apnea)
- Limited hip range of motion (Slipped capital femoral epiphysis)
- Advanced Tanner Stage (Premature puberty in 7 yo white girls, 6 yo black girls, 9 yo boys)

**f. Review assessment tool – is family history positive for any of the following?**

**Family Hx:** Obesity ____ HTN___ Type 2 DM ___ Hyperlipidemia ____ Early MI ____ Early Stroke ____

If any above medical risks are noted refer as appropriate.
### STEP 2: REVIEW BEHAVIOR TARGETS & FAMILY READINESS FOR CHANGE

a. Reinforce positive behaviors noted on survey tool and note risky behaviors below.

- Eats < 5 svgs fruit & veggies every day.
- Does not eat a healthy breakfast every day.
- Does not usually eat meals at the table with family.
- Eats take out or fast food ≥2x per week.
- Spends > 2 hours TV &/or computer time per day.

- Physical activity less than 1 hr per day.
- Drinks > 1 sugar sweetened beverage per day.
- Drinks 2% or greater milk.
- Drinks > 6 oz 100% fruit juice per day.
- TV in bedroom.

b. Assess readiness for change – Record number from survey tool

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<th>Ready to make changes?</th>
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### STEP 3: TAILOR APPROACH TO FAMILY/PATIENT

START WITH STAGE 1 (PREVENTION PLUS) AND PROGRESS AS NOTED TO STAGE 2, 3 OR 4

<table>
<thead>
<tr>
<th>STAGE 1: PREVENTION PLUS</th>
<th>STAGE 2: STRUCTURED WEIGHT MANAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOAL</td>
<td></td>
</tr>
<tr>
<td>BMI 95th-99th percentile – Gradual weight loss (1 lb/mo or 0.5 kg/mo)</td>
<td>BMI 95th-99th percentile – Gradual weight loss (1 lb/mo or 0.5 kg/mo)</td>
</tr>
<tr>
<td>BMI &gt;99th percentile – Weight loss (max is 2 lb/wk)</td>
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<td>RECOMMENDATIONS</td>
<td></td>
</tr>
<tr>
<td>• Counsel and guide parents &amp; patients (if appropriate) through goals they set themselves based on problem behaviors identified in Step 2a.</td>
<td>• A structured meal plan developed by a dietician or clinician (refer as needed) who has received additional training in developing this kind of eating plan for children.</td>
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<td>• If low parental / patient concern (i.e. pre-contemplation, 1-3 in Step 2b) attempt to motivate by educating family regarding medical risk factors associated with obesity.</td>
<td>• Reduction of sedentary screen time ≤1 hour per day.</td>
</tr>
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<td>• Refer or order appropriate follow-up testing for comorbidities.</td>
<td>Supervised physical activity or active play totaling 60 minutes per day.</td>
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<th>LABS</th>
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<tr>
<td>Obtain fasting lipid profile.</td>
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<tr>
<td>Obtain fasting glucose &amp; ALT/AST for 10 yo &amp; greater. Repeat every 2 years, if normal.</td>
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<tr>
<td>Monthly ideally. If no progress in 3-6 months advance to Stage 2 (Structured Weight Management) if family is ready.</td>
<td>Monthly ideally. If no progress in 3-6 months advance to Stage 3 (Comprehensive Multidisciplinary Intervention) if family is ready. For BMI &gt;99th percentile consider referral to Stage 4 (Tertiary Care Intervention).</td>
</tr>
<tr>
<td>BMI &gt;99th percentile – Stage 2 or 3 should be considered</td>
<td></td>
</tr>
</tbody>
</table>

### STEP 4: ASSESSMENT & PLAN

- Labs (check those obtained during visit)
  - Fasting lipid profile
  - Fasting glucose (≥ 10 yo)
  - ALT / AST (≥ 10 yo)
  - Other

Counseling occurred for ______ minutes and comprised 50% or more of visit. ______ Yes ______ No

Topics addressed:

- Weight counseling
- Physical activity counseling
- Nutrition counseling

Agreed upon goals for target behaviors from 2a above:

OTHER NOTES:

Provider Signature: ___________________________ Date: ___________________________
Survey for Parents of Children Ages 6-11 Years Old

Patient Name: ____________________  
Age: _____  Date: ________________

In our office, we are interested in discussing the aspects of a healthy lifestyle with all of our families. Please take a moment to answer the following questions. We realize how busy parents are and how difficult it is to do all the right things! The questions below reflect only a small number of the challenges that face families each day.

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2. My child eats a healthy breakfast every day.  
3. My child usually eats dinner at the table with other family members.  
4. My child eats take out, fast food, or other restaurant food less than two times per week.  
5. My child participates in physical activity for at least 1 hour each day.  
   *This would include sports as well as general play where you are up and moving.*  
6. My child drinks fat free or 1% milk rather than 2% or whole milk.  
7. My child drinks less than 12 ounces of 100% fruit juice every day.  
8. My child spends more than 2 hours per day in front of the TV or computer.  
9. My child has a TV in the bedroom.  
10. My child has drinks with sugar (punch, fruit drinks, sports drinks, soda, icees, etc) on most days of the week.

**Please circle true or false.**  

<table>
<thead>
<tr>
<th></th>
<th>True</th>
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<tbody>
<tr>
<td>1.</td>
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**My child has (circle the correct answer):**

Parent or sibling who is overweight or obese.  
Yes  No

<table>
<thead>
<tr>
<th></th>
<th>Diabetes Type 2</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High blood pressure</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>High cholesterol</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Heart attack before age 55</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Stroke before age 55</td>
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</table>

**Siblings, parents, grandparents, aunts or uncles with:**

**How concerned are you about your child's diet and physical activity habits?**

<table>
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<tr>
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**How ready are you to make changes?**

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**How confident are you that you can make changes?**

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<tbody>
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<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>

29
Weight Status: This 12-18 year old’s BMI percentile puts her/him in the obese category (BMI >95th percentile)

**STEP 1: ASSESS THE CURRENT AND FUTURE WEIGHT-RELATED DISEASE BURDEN.**

**a. Assess Vitals: Is the patient hypertensive?**

![N Y]

**Blood Pressure Table for GIRLS by Age and Height Percentile**

<table>
<thead>
<tr>
<th>Age</th>
<th>BP % 95</th>
<th>Systolic BP (mmHg)</th>
<th>Diastolic BP (mmHg)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>5th 10th 25th 50th 75th 90th 95th</td>
<td>5th 10th 25th 50th 75th 90th 95th</td>
</tr>
<tr>
<td>12</td>
<td>119</td>
<td>120 121 123 124 125 126</td>
<td>79 79 79 80 81 82 82</td>
</tr>
<tr>
<td>13</td>
<td>121</td>
<td>122 123 124 125 127 128</td>
<td>80 80 80 81 82 83 83</td>
</tr>
<tr>
<td>14</td>
<td>123</td>
<td>125 126 127 129 129 130</td>
<td>81 81 81 82 83 84 84</td>
</tr>
<tr>
<td>15</td>
<td>124</td>
<td>125 126 127 129 130 131</td>
<td>82 82 82 83 84 85 85</td>
</tr>
<tr>
<td>16</td>
<td>125</td>
<td>126 127 128 130 131 132</td>
<td>82 82 83 84 85 85 86</td>
</tr>
<tr>
<td>17</td>
<td>125</td>
<td>126 127 129 130 131 132</td>
<td>82 83 83 84 85 85 86</td>
</tr>
</tbody>
</table>

**Blood Pressure Table for BOYS by Age and Height Percentile**

<table>
<thead>
<tr>
<th>Age</th>
<th>BP % 95</th>
<th>Systolic BP (mmHg)</th>
<th>Diastolic BP (mmHg)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>5th 10th 25th 50th 75th 90th 95th</td>
<td>5th 10th 25th 50th 75th 90th 95th</td>
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<td>12</td>
<td>119</td>
<td>120 122 123 125 127 127</td>
<td>78 79 80 81 82 83 83</td>
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<td>13</td>
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<td>79 79 80 81 82 83 83</td>
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<td>14</td>
<td>124</td>
<td>125 127 128 130 132 132</td>
<td>80 80 81 82 83 84 84</td>
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<td>15</td>
<td>126</td>
<td>127 129 131 133 134 135</td>
<td>81 81 82 83 84 85 85</td>
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<td>16</td>
<td>129</td>
<td>130 132 134 135 137 138</td>
<td>82 83 83 84 85 86 87</td>
</tr>
<tr>
<td>17</td>
<td>131</td>
<td>132 134 136 138 139 140</td>
<td>84 85 86 87 87 88 89</td>
</tr>
</tbody>
</table>

**b. Is the child taking any of these obesogenic medications?**

Antipsychotics ____ Mood Stabilizers ____ TCA ____ Anticonvulsants ____ Prednisone ____ SSRI ____

**c. Laboratory Assessment - Are any levels above borderline or higher?**

Total Cholesterol > 170 ____ LDL > 110 ____ Triglycerides > 110 ____ HDL < 40 ____

Fasting glucose >100 (impaired glucose tolerance) ____ OR ____ >126 (diabetes) ____

**d. Assess Comorbidities and ROS – Is there presence of comorbidities from the ROS?**

- Anxiety, school avoidance, social isolation (Depression)
- Abdominal pain (GERD, Gall bladder disease, constipation)
- Daytime sleepiness (Sleep apnea, hypoventilation syndrome, depression)
- Night breathing problems (Sleep apnea, hypoventilation syndrome, asthma)
- Shortness of breath, exercise intolerance (Asthma, lack of physical conditioning)
- Hirsuitism, excessive acne, irregular menses - <9 cycles per yr (Polycystic ovarian syndrome)
- Polyuria, polydipsia, wt loss (DM)
- Hip/knee pain (SCFE)
- Heads (Pseudotumor cerebri)
- Nocturnal Enuresis (Obstructive sleep apnea)
- Tobacco use (Increased cardiovascular risk)

**e. Physical Exam – Are comorbidities noted on the physical exam?**

Potential Causes of Obesity

- Violaceous striae (Cushing’s syndrome)
- Poor linear growth (Hypothyroidism, Cushing’s, Prader-Willi)
- Goiter (hypo-thyroidism)
- Undescended testicle (Prader-Willi syndrome)
- Dysmorphic features (Genetic disorders)

Potential Comorbidities/Complications of Obesity

- Acanthosis nigricans (NIDDM, insulin resistance)
- Hepatomegaly (Nonalcoholic fatty liver disease)
- Wheezing (Asthma)
- Abdominal tenderness (Gall bladder disease, GERD, NAFLD)
- Excessive acne, hirsutism (Polycystic ovarian syndrome)
- Lower leg bowing (Blount’s disease)
- Papiledema, cranial nerve VI paralysis (Pseudotumor cerebri)
- Tonsillar hypertrophy (Sleep apnea)
- Limited hip range of motion (Slipped capital femoral epiphysis)

**f. Review assessment tool – is family history positive for any of the following?**

Family Hx: Obesity ____ HTN ____ Type 2 DM ____ Hyperlipidemia ____ Early MI ____ Early Stroke ____

If any above medical risks are noted refer as appropriate.
**Step 2: Review Behavior Targets & Family Readiness for Change**

- **a. Reinforce positive behaviors noted on survey tool and note risky behaviors below.**
  - Eating <5 servings of fruits and vegetables every day.
  - Physical activity less than 1 hr per day.
  - Does not eat a healthy breakfast every day.
  - Drinks >1 sugar sweetened beverage per day.
  - Does not usually eat meals at the table with family.
  - Drinks 2% or greater milk.
  - Eats out or fast food >2x per week.
  - Drinks >6 oz 100% fruit juice per day.
  - Spends >2 hours TV &/or computer time per day.
  - TV in bedroom.

- **b. Assess readiness for change – Record number from survey tool**

<table>
<thead>
<tr>
<th>Concern about child’s diet &amp; physical activity habits?</th>
<th>Ready to make changes?</th>
<th>Confidence in ability to make changes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3 = Not Ready</td>
<td>4-6 = Unsure</td>
<td>7-10 = Ready</td>
</tr>
</tbody>
</table>

**Step 3: Tailor Approach to Patient/Family**

Start with stage 1 (prevention plus) and progress as noted to stages 2, 3 or 4.

**Step 4: Assessment & Plan**

- **Labs**
  - Obtain fasting lipid profile.
  - Obtain fasting glucose & ALT/AST. Repeat every 2 years, if normal.

- **Refrerrals**
  - None
  - Dietitian
  - Physical Therapist
  - Personal Trainer
  - Behavioral Counselor
  - Other

- **Follow-up**
  - Monthly ideally. If no progress in 3-6 months, advance to stage 2 (structured weight management) if family is ready. **BMI > 99th percentile** – stage 2 or 3 should be considered instead of stage 1 if patient/family are motivated.

- **Billing Information**
  - This section is for information only and cannot be taken as a guarantee of payment for services. Check with the patient’s health plan directly to determine eligibility and billing requirements.

Survey for Patients Ages 12-18 Years Old

Patient Name: ____________________  
Age: ______  Date: ________________

In our office, we are interested in discussing the aspects of a healthy lifestyle with all of our patients. Please take a moment to answer the following questions. We realize how busy families and children are and how difficult it is to do all the right things! The questions below reflect only a small number of the challenges that face individuals each day.

Please circle true or false.

1. I eat 5 or more servings of fruits and vegetables on most days.  True  False
2. I eat a healthy breakfast every day.  True  False
3. I usually eat dinner at the table with other family members.  True  False
4. I eat take out, fast food, or other restaurant food less than two times per week.  True  False
5. I participate in physical activity for at least 1 hour each day.  True  False
   *This would include sports as well as general play where you are up and moving.
6. I drink fat free or 1% milk rather than 2% or whole milk.  True  False
7. I drink less than 12 ounces of 100% fruit juice every day.  True  False
8. I spend more than 2 hours per day in front of the TV or computer.  True  False
9. I have a TV in my bedroom.  True  False
10. I have drinks with sugar (punch, fruit drinks, sports drinks, soda, icees, etc) on most days of the week.  True  False

I have (circle the correct answer):

Parent or sibling who is overweight or obese.  
Yes  No

Siblings, parents, grandparents, aunts or uncles with:

Diabetes Type 2  Yes  No
High blood pressure  Yes  No
High cholesterol  Yes  No
Heart attack before age 55  Yes  No
Stroke before age 55  Yes  No

Circle the number which best reflects where you are at on the number continuum.

How concerned are you about your diet and physical activity habits?

How ready are you to make changes?

How confident are you that you can make changes?