

APPENDIX—WEIGHT MANAGEMENT PLAN FOR CHILDREN AND ADOLESCENTS

This plan is intended to be a flexible tool. Some parts may be completed by a practice nurse.

Patient details

Name.....

 DOB..... Sex.....
 Address.....

 Suburb.....
 State..... Postcode.....
 Phone.....
 File number.....
 Date of assessment.....
 Is patient being seen alone or with parent(s)?.....

I. Obesity assessment

Height..... m
 Weight..... kg
 Body mass index..... kg/m²
 Age..... years..... months
 Plot BMI and age on a CDC percentile chart every 3 months⁶
 BMI-for-age percentile.....%
 Waist circumference.....cm
 Pubertal stage⁷..... 1 2 3 4 5

2. Co-morbidity assessment

(where indicated).

Psychosocial distress

Is the patient being teased or bullied about their weight? Yes No

Blood pressure

(systolic)..... (diastolic).....

Blood pressure percentile⁸

% (systolic)..... % (diastolic).....

Fasting plasma analysis

Triglyceride.....
 Cholesterol.....
 Insulin.....
 Glucose.....
 Presence of acanthosis nigricans Yes No

Liver function tests

Details.....

Endocrinology tests

Yes No

Details.....

Orthopaedic problems

Yes No

Details.....

Respiratory conditions

Yes No

Details.....

⁶ Electronic versions of these charts are available at <http://www.cdc.gov/growthcharts/>

⁷ Electronic versions of these tables are available at <http://www.chw.edu.au/prof/handbook/sect20.htm?print>

⁸ Electronic versions of these charts are available at http://www.nhlbi.nih.gov/health/heart/hbp/hbp_ped.htm

Gastrointestinal problems Yes No

Details

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Reproductive morbidities Yes No
(e.g. menstrual irregularities)

Details

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Heat intolerance Yes No

Details

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Excess sweating & intertrigo Yes No

Details

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Breathlessness on exertion Yes No

Details

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Tiredness details Yes No

Details

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Musculoskeletal discomfort Yes No

Details

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3. Risk factor assessment – weight and medical history

Weight history

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Weight history of parents and siblings

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Medical conditions and treatments

(including dosage).....

.....

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Ethnicity

.....

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4. Risk factor relating to food intake and activity levels

Patient

More than 2 hours of television viewing and other small-screen entertainment per day Yes No

Eating in front of TV Yes No

Is food used as a reward? Yes No

Is food used as a comfort? Yes No

Always hungry Yes No

Any organised weekly physical activity Yes No

Able to participate in activity Yes No

More than 3 snacks between meals Yes No

Eating breakfast Yes No

Organised meal times Yes No

High intake of soft drinks or fruit juice Yes No

Active after school Yes No

Eating as much as parents Yes No

Family

More than 2 hours of television viewing and other small-screen entertainment per day Yes No

- Eating in front of TV Yes No
- Is food used as a reward? Yes No
- Is food used as a comfort? Yes No
- Always hungry Yes No
- Any organised weekly physical activity Yes No
- Able to participate in activity Yes No
- More than 3 snacks between meals Yes No
- Eating breakfast Yes No
- Organised meal times Yes No
- High intake of soft drinks or fruit juice Yes No

Increase planned and lifestyle activity Yes No

Details

.....

Decrease sedentary behaviour Yes No

Details

.....

Modify behaviour and habits associated with eating and activity Yes No

Details

.....

5. Level of intervention

Is specialist assessment required? Yes No

Referral to

.....

Involve the family in the process of change Yes No

Details

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7. Goals

Is weight maintenance required? Yes No

Is weight loss required? Yes No

Should parents be seen alone? Yes No

Should adolescent be seen alone? Yes No

6. Treatment strategy

Was advice given to:

Reduce dietary energy intake Yes No

Details

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