

Obesity Specific Family History**Select All**☐ Obesity ▼☐ Type 2 Diabetes ▼☐ Hypertension ▼☐ Lipid Level Abnormalities ▼☐ Heart Disease ▼☐ add item ▼**Obesity Specific ROS****Select All**☐ Snoring/Sleep Disturbance (Obstructive sleep apnea) ▼☐ Shortness of Breath (Asthma) ▼☐ Severe Recurrent Headaches (Pseudotumor Cerebri) ▼☐ Polyuria/Polydipsia (Type 2 diabetes) ▼☐ Menstrual Irregularities (Polycystic ovarian disease) ▼☐ Abdominal Pain (GERD, Constipation, Gall bladder disease, Non-alcoholic fatty liver) ▼☐ Hip/Knee/Leg Pain (Slipped capital femoral epiphysis) ▼☐ Foot Pain (Stress from weight) ▼

☐ add item

notes

Obesity Specific Physical ExamMake All: **Yes** **No** **N/E**

Yes No N/E

☐ ☐ ☐ Short Stature

notes

☐ ☐ ☐ Elevated blood pressure

notes

☐ ☐ ☐ Hirsutism/Acne

notes

☐ ☐ ☐ Acanthosis Nigricans

notes

☐ ☐ ☐ Goiter

notes

☐ ☐ ☐ Tonsillar Hypertrophy

notes

☐ ☐ ☐ Wheezing

notes

☐ ☐ ☐ Tender Abdomen

notes

Yes No N/E

☐ ☐ ☐ Abnormal Gait/Limited Hip Range

notes

☐ ☐ ☐ Bowing of Tibia

notes

☐ ☐ ☐ Small Hands/Feet/Polydactyly

notes

☐ ☐ ☐ Premature/Delayed Puberty/Micropenis/Undescended Testes

notes

☐ ☐ ☐ Papilledema/Cranial Nerve VI Paralysis

notes

☐ ☐ ☐ Other



Diagnoses

☐ Increased body mass index☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Obesity☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ select diagnosis

*Plan

☐ Counseled family on healthy dietary habits (low-carb/high protein/fewer calories)☐ Avoid high caloric/sugary drinks (soda/juices/ sports drinks)☐ Encouraged 60 minutes of exercise daily and avoid sedentary activities☐ Limit screen time to 1-2 hours a day☐ add item

Medical Procedure

 Nutrition Counseling Recommendation to exercise

Order	<input type="text" value="select a medical procedure"/>	▼
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***Plan Notes**

Visit Finish Time

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Greater than 50% of today's visit was spent in counseling*Select All**

- ☐ The majority of time was spent on anticipatory guidance and discussion as listed above

notes	▼
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- ☐ add item

notes	▼
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Follow-up*Select All**

- ☐ BMI recheck in 1 month

notes	▼
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- ☐ BMI recheck in 3 months

notes	▼
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- ☐ BMI recheck in 6 months

notes	▼
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- ☐ Other

notes	▼
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- ☐ add item

notes	▼
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Lab[Generate Requisition](#)

Order	*Lipid Panel (fasting)
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Order	*Complete Metabolic Panel (chem 23)
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Order	*Hemoglobin A1C
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Order	*Thyroid Panel (TSH and Free T4)
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Order	<input type="text" value="select a lab"/>	▼
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Lab/Radiology/Referral

Radiology[Generate Requisition](#)[Order](#)

select a radiology

**Referral**[Order](#)

select a referral

**Care Plan (Chart-wide)**[Print](#)Display: **All Statuses**[Edit](#)

No Interventions

Visit Documents**Navigational Anchors in Plan (BMI/Obesity)**

1. Obesity Specific Family History
2. Obesity Specific ROS
3. Obesity Specific Physical Exam
4. Diagnoses
5. Plan
6. Lab/Radiology/Referral
7. Prescriptions
8. Visit Documents