

Your/Your Child's Weight Management Visit – What to Expect, What to Ask



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Your Name: _____ Your Relationship to the Child: _____

Are there specific concerns you want to discuss today? No Yes _____

Have there been any major changes in your family lately?

None Move Job Change Separation Divorce Death in the family New pet

Other? Describe: _____

General Health Information. Since Your Last Visit:

	Yes	No	Unsure
Have you (or your child) had any major illness and/or hospitalizations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or anyone in your family (or your child's relatives) developed new any medical problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any changes to your (or your child's) medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are your (or your child's) immunizations (includes flu and pneumonia vaccines) current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you or any adults who are around you (or your child) smoke (includes inside or outside the house)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you or your child been in seen in the Emergency Room or hospitalized in the last 6 months for Weight management related problems?

No Yes 1-2 times Yes 3-4 times Yes 5-6 times Yes more than 6 times

Do you or your child currently include any of the following in your daily diet?

Fish Chicken Green leafy vegetables Low fat cheese/milk Fresh fruit Vegetables Fruit

Is your (or your child's) body mass index greater than 30? No Yes I don't know

In the last 3 months have you talked with your (or your child's) doctor or health provider concerning any of the following symptoms? Severe headaches Confusion Chest pain Blurred vision Nausea and vomiting

Pounding in chest, neck Feeling very tired Dizziness

Have you received referrals, tests, tests results and or other needed care promptly? No Yes

Do you or your child have any of the following symptoms currently?

Unusual thirst Increased urination Dizziness Blurred vision Frequent infections Slow healing

Extreme hunger Feeling very tired Unusual weight loss

Would you like to get more information on any of the topics below?

Medications/Treatments

- Checking/Monitoring blood pressure
- Lab tests to check/monitor Cholesterol and Blood Sugar
- Weight loss
- Herbal remedies

Symptoms

- Signs of High Blood Pressure
- Signs of Diabetes
- Signs of High Cholesterol
- Risk factors for High Cholesterol
- Risk factors for High Blood Pressure

Health Promotion

- Smoking Cessation
- [National Quitline: 1-800-QUITNOW (784-8669)]
- High Cholesterol prevention
- High Blood Pressure prevention
- Diabetes prevention
- Exercise routine
- When to call doctor

Nutrition

- Healthy diet
- Calorie intake
- Healthy snacks
- Decrease fat intake
- Weight management
- Alcohol intake

This is not a self-diagnosis tool or a treatment plan. Please consult your doctor and share this with your doctor at your next visit.