

Pediatric Weight Management Ongoing Care Coordination and Information Sharing

*This form is to help facilitate information sharing. The form should be completed after each office visit.
One copy is for the chart and another to be emailed/faxed to the other provider.*

TYPE OF VISIT PCP RD **VISIT NUMBER** (1-10) _____

MEDICAL STATUS (UPDATE AS RELEVANT)

HEIGHT _____ **DATE HEIGHT WAS OBTAINED** _____ **WEIGHT** _____ **BMI** _____ **BMI%** _____ **OTHER** _____

RELEVANT LABS _____

DIAGNOSES (THE MEDICAL AND/OR NUTRITION PROBLEMS) _____

****RD attach the ADA MNT Initial Pediatric Weight Management Progress Note (source: ADA Pediatric Weight Management Toolkit)*

BEHAVIORAL ASSESSMENT (UPDATE RELEVANT INFORMATION SINCE LAST VISIT)

Nutritional Re-assessment Since Last Visit *(Eating Pattern notes, food preferences)*

NO CHANGE RELEVANT NEW FINDINGS RESOLVED OR IMPROVED

GOALS/COMMENTS _____

**** RD attach the ADA MNT Follow-up Pediatric Weight Management Progress Note*

Activity Re-assessment NO CHANGE RELEVANT NEW FINDINGS RESOLVED OR IMPROVED

GOALS/COMMENTS _____

Family/Patient Concerns NO CHANGE RELEVANT NEW FINDINGS RESOLVED OR IMPROVED

GOALS/COMMENTS _____

BEHAVIORAL PLAN

Target Nutrition and Activity Behaviors Identified

NO CHANGE RELEVANT NEW FINDINGS RESOLVED OR IMPROVED

GOALS/COMMENTS _____



The Alliance for a Healthier Generation was founded by the American Heart Association and the Clinton Foundation



Pediatric Weight Management (Continued)

Goal setting (What are the family/patient goals)

NO CHANGE RELEVANT NEW FINDINGS RESOLVED OR IMPROVED

GOALS/COMMENTS _____

Family and Patient Monitoring (eg mechanism for tracking progress such as chart, contract, journals, etc)

NO CHANGE RELEVANT NEW FINDINGS RESOLVED OR IMPROVED

COMMENTS _____

SUMMARY STATEMENT: HIGHLIGHTING/OVERARCHING ACCOMPLISHMENTS, CHALLENGES, AND SOLUTIONS

Major wins/accomplishments _____

Challenges/barriers/concerns _____

PROVIDER SIGNATURE AND DATE _____

NEXT SCHEDULED VISIT _____



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