

Department of Pediatrics

Obesity Toolkit Checklist

(For Patients older than 2 years of age)

Resident name: _____

Date patient seen: _____

Patient age: _____

Patient overweight (circle) Y N

Item	Yes	No	N/A	Abnormal	Note
History and physical form					
BMI completed					
Healthy lifestyle prescription					
Lipid profile					
Fasting insulin and glucose level					
Sleep apneas					
Hypertension					
Joint pain from the weight bearing joints					
Polycystic ovary syndrome					
Type II diabetes					
GERD					
Psychosocial disorder					
Initial weight loss target 6 months					
Pubertal 10%					
Pre-pubertal > 7 years, 1-2 lbs/month					
Weight maintenance or modest weight loss					

Date peer review completed: _____

Reviewers: _____
