

Annual Wellness Report

[Pediatric age 6-17]



Name: _____ Date of Birth: ____/____/____

Actual			
	Measurement	Percentile	
Height:			Weight gain in past year
Weight:			Actual: _____
Body Mass Index (BMI):			Expected: _____
Blood Pressure:	____/____		

Risk Factors				
Family History:	Coronary artery disease in males <55, females <65; Yes/No	Hypertension: Yes/No	Hyperlipidemia; total cholesterol >200 LDL >100 Yes/No	Overweight: Yes/No
Activity:	Hours/day vigorous activity:	<1 hour 1-2 hrs 2-3 hrs	TV, Video, computer time (per day):	0-1 hr 1-2 hrs 2-3 hrs >3 hrs
Smoking:	Patient; Yes/No		Family Members; Yes/No	at Day Care; Yes/No
Beverage intake	Milk; ____ (oz/day)	Juice; ____	Soft drinks; ____	Sports drink; ____
Meals (per week):	Home w/ family	Home w/o family	School	Other
	breakfast			
	lunch			
	dinner			
Stress:	School; Yes/No	Peers; Yes/No	Family; Yes/No	

Problem List	Goal	Plan
overweight	pounds per month target	Diet:
rapid weight gain		
high risk family history	limit screen time	Exercise (min/day):
smoking in household	limit tobacco exposure	screen time (min/day):
low activity level	1-3 hours vigorous activity per day	smoking counseling
stress		stress counseling

Follow Up		
Return in:	2 3 4 6 weeks 3 6 12 months	to this office
Refer to:		