

Encounter Documentation Tool: *Key Elements to Include in an Encounter Form*

<p>1. Vital Signs:</p> <ul style="list-style-type: none"> ▪ Height and Weight ▪ BMI ▪ BMI percentile ▪ Weight classification <ul style="list-style-type: none"> <5% Underweight 5-84% Healthy Weight 85-94% At Risk for Overweight ≥ 95% Overweight <p>2. Current Health Habits:</p> <ul style="list-style-type: none"> ▪ Nutrition <ul style="list-style-type: none"> ○ Fruits and vegetables ○ Sugar Sweetened Beverages ○ Milk – type and quantity ○ Snacking – types and quantity ▪ Physical Activity <ul style="list-style-type: none"> ○ Type and quantity ▪ Screen time <ul style="list-style-type: none"> ○ Type and quantity ○ TV/computer in the room the child sleeps <p>3. Review of Systems:</p> <ul style="list-style-type: none"> ▪ Constitutional <ul style="list-style-type: none"> ○ Sleep Habits ○ Fatigue/Lethargy ▪ Respiratory <ul style="list-style-type: none"> ○ Snoring ○ Wheezing/Coughing ○ Difficulty breathing ▪ Cardiovascular <ul style="list-style-type: none"> ○ Chest Pain ▪ Gastrointestinal <ul style="list-style-type: none"> ○ Abdominal Pain/Vomiting/Constipation ▪ Skin <ul style="list-style-type: none"> ○ Striae 	<ul style="list-style-type: none"> ▪ Neurologic <ul style="list-style-type: none"> ○ Developmental Delay ○ Headache ▪ Genitourinary <ul style="list-style-type: none"> ○ Menarche ○ Oligo/Amenorrhea ▪ Musculoskeletal <ul style="list-style-type: none"> ○ Knee/Hip Pain ○ Limp <p>4. Family History:</p> <ul style="list-style-type: none"> ○ Obesity ○ Diabetes ○ Hypertension ○ Cardiovascular Disease ○ Depression <p>5. Social History:</p> <ul style="list-style-type: none"> ○ School/Daycare ○ Who lives at home? ○ Who helps parent? <p>6. Past Medical History</p> <ul style="list-style-type: none"> ○ Birth weight – IUGR/LGA ○ Mental Health <p>7. Medications:</p> <p>8. Physical Exam:</p> <ul style="list-style-type: none"> ○ Special attention to respiratory, muscular skeletal, skin exam <p>9. Assessment:</p> <ul style="list-style-type: none"> ○ Weight Classification ○ Lab work up ○ Readiness to Change <p>10. Plan:</p> <ul style="list-style-type: none"> ○ Based upon Readiness to Change Tailor the Intervention ○ Goal Setting Worksheet if indicated ○ Follow up Plans ○ Referral to Specialist
--	---