New Physical Findings

Current ht ________ wt ________ BMI % ________

Additional Medical History

New Laboratory Findings

Review of Initial Visit Nutrition Intake

How many meals and snacks did you eat on a normal day since we met? ________________

We ate ______________________________________

We ate ______________________________________

We ate ______________________________________

What did you drink throughout your day?

We drink ______________________________________

We drink ______________________________________

We drink ______________________________________

Did you consume fruits and vegetables daily since we met initially? ________________

We had ______________________________________

We had ______________________________________

We had ______________________________________

Describe a typical meal.

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________
Review of Nutrition Goals
(Fruits & Veg., Sweet drinks, Fast Food, Family meals # meals)

1. We did _______________________________________
2. We did _______________________________________
3. We did _______________________________________
4. We did _______________________________________
5. We did _______________________________________

Review Activity Goals
(screen time, organized sports, unorganized goals)

1. We did _______________________________________
2. We did _______________________________________
3. We did _______________________________________
4. We did _______________________________________
5. We did _______________________________________

Educational Handouts

1. ____________________________________________
2. ____________________________________________

Community Resource list

Referrals

1. ____________________________________________
2. ____________________________________________

Follow-Up

1. ________________ Phone
2. ________________ Visit

Signature ___________________________ Provider
Signature: ___________________________ Parent/Patient