

Catholic IPA Pediatric Obesity Prevention Performance Measures

Physician Name: _____

CHS ID: _____

Patient Name: _____

DOB: _____

Insurance: _____

Member ID: _____

Patient Inappropriate, Reason: _____

Measurements: to represent date of most recent visit when obesity prevention was addressed				
BMI should be measured at least once per year for all children age 2-18. If there is a concern related to weight and nutrition measurement should occur more frequently				
Date of last well visit (or other with BMI)	___/___/___	___/___/___	___/___/___	___/___/___
BMI Recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
BMI Score				
% BMI				
Obesity Risk	<input type="checkbox"/> Obese ≥95% <input type="checkbox"/> High 85-94% <input type="checkbox"/> Mod 75-84% <input type="checkbox"/> Low <75%	<input type="checkbox"/> Obese ≥95% <input type="checkbox"/> High 85-94% <input type="checkbox"/> Mod 75-84% <input type="checkbox"/> Low <75%	<input type="checkbox"/> Obese ≥95% <input type="checkbox"/> High 85-94% <input type="checkbox"/> Mod 75-84% <input type="checkbox"/> Low <75%	<input type="checkbox"/> Obese ≥95% <input type="checkbox"/> High 85-94% <input type="checkbox"/> Mod 75-84% <input type="checkbox"/> Low <75%
Nutrition/Exercise Counseling Received and documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If BMI > 75% Patient should have follow up visit for continued monitoring				
Follow up visit scheduled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes,	Visit in ___ Months	Visit in ___ Months	Visit in ___ Months	Visit in ___ Months
If BMI >85% should consider fasting glucose, lipid profile, HGBA1C and thyroid function test at time of diagnosis and periodically for children > 10 years of age.				
What lab work if any ordered?	<input type="checkbox"/> Fasting BS <input type="checkbox"/> Lipid profile <input type="checkbox"/> HGBA1C <input type="checkbox"/> Thyroid Fx	<input type="checkbox"/> Fasting BS <input type="checkbox"/> Lipid profile <input type="checkbox"/> HGBA1C <input type="checkbox"/> Thyroid Fx	<input type="checkbox"/> Fasting BS <input type="checkbox"/> Lipid profile <input type="checkbox"/> HGBA1C <input type="checkbox"/> Thyroid Fx	<input type="checkbox"/> Fasting BS <input type="checkbox"/> Lipid profile <input type="checkbox"/> HGBA1C <input type="checkbox"/> Thyroid Fx

❖ Please rate patient compliance with treatment plan: Excellent Very Good Good Fair Poor

❖ Would this patient benefit from a health plan sponsored Disease Management program for Obesity: Yes No

This tool is based on AAP guidelines for prevention of obesity and has been approved by the CIPA Medical Management Committee