

## BiW4Teens – Initial Doctor’s Visit

Name \_\_\_\_\_ DOB \_\_\_\_\_

Date \_\_\_\_\_, T \_\_\_\_\_, P \_\_\_\_\_, R \_\_\_\_\_, BP \_\_\_\_\_

Ht \_\_\_\_\_, Wt \_\_\_\_\_, BMI \_\_\_\_\_, Waist circumference \_\_\_\_\_

List Active Health Conditions Below:

1. Health Condition \_\_\_\_\_
2. Health Condition \_\_\_\_\_
3. Health Condition \_\_\_\_\_
4. Health Condition \_\_\_\_\_
5. Health Condition \_\_\_\_\_
6. Health Condition \_\_\_\_\_

Recommended labs:

- Hemoglobin A<sub>1c</sub>
- Fasting glucose
- Glucose tolerance test
- Comprehensive Metabolic Profile
- Liver enzymes
- Lipid panel
- TSH & T free <sub>4</sub>
- Vitamin D level
- Other: \_\_\_\_\_

Visit Notes: \_\_\_\_\_

---

---

---

---

---

---

---

---

**BiW4Teens – Follow Up Doctor’s Visit**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Date \_\_\_\_\_, T \_\_\_\_\_, P \_\_\_\_\_, R \_\_\_\_\_, BP \_\_\_\_\_

Ht \_\_\_\_\_, Wt \_\_\_\_\_, BMI \_\_\_\_\_, Waist circumference \_\_\_\_\_

Adult(s) or family members attending appt. with youth? \_\_\_\_\_

**Assessment of Program Progress**

Which sessions have you completed? \_\_\_\_\_

Are you working on any new healthy habits? NO YES, Which ones?  See Patient Progress Log

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you using the habit tracker? YES NO

Are you following the nutrition plan? NO YES, how are you following the nutrition plan? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of physical activity are you getting and how much each week? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you think is going well with the program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you noticed any improvements in physical or emotional health? NO YES, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you having any struggles? NO YES, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date/Time of Next Clinic Visit: \_\_\_\_\_