

Checklist for Assessment of Obesity

For patients with a BMI ≥ 85th percentile, include the following in your annual well child visit:

1	Obesity-specific Family History
	Does your patient have a first-degree
	relative with any of the following? If yes
	they are at greater risk for comorbiditie
	associated with obesity.

☐ Heart disease
☐ Hypertension
Lipid level abnormalities
Obesity
☐ Type 2 Diabetes

2 Obesity-specific Review of Systems

Symptoms		Probable Causes	
☐ Snoring/sleep disturbances	\triangleright	Obstructive sleep apnea	
Abdominal pain	\triangleright	Gastroesophageal Reflux Disease, constipation, gall bladder disease, Non-Alcoholic Fatty Liver Disease	
Menstrual irregularities	\triangleright	Polycystic ovary syndrome/Prader-Willi syndrome	
Hip, knee, leg pain	\triangleright	Slipped Capital Femoral Epiphysis	
Foot pain	\triangleright	Musculoskeletal stress from weight	
☐ Polyuria/Polydipsia	\triangleright	Type 2 Diabetes Mellitus	
Anxiety, school avoidance, social isolation	\triangleright	Depression	
Severe recurrent headaches	\triangleright	Idiopathic intracranial hypertension	
Shortness of breath	\triangleright	Asthma	

Barlow S, Expert Committee. Expert committee recommendations regarding prevention, assessment, and treatment of child and adolescent overweight and obesity: Summary report. *Pediatrics*. 2007;120(4):S164-S192.



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3 Obesity-specific Physical Exam

Symptoms	Probable Causes	
☐ Elevated blood pressure on 3 or more occasions (ensure you are using the correct cuff size)	\triangleright	Hypertension
☐ Short stature	\triangleright	Consider an underlying endocrine condition
Acanthosis nigricans	\triangleright	Increased risk of insulin resistance
Acne, hirsutism	\triangleright	Polycystic ovary syndrome
Skin irritation, inflammation	\triangleright	Intertrigo
Papilledema, cranial nerve VI paralysis	\triangleright	Idiopathic intracranial hypertension
☐ Tonsillar hypertrophy	\triangleright	Obstructive sleep apnea
Goiter	\triangleright	Hypothyroidism
☐ Wheezing	\triangleright	Asthma
☐ Tender abdomen	\triangleright	Gastroesophageal Reflux Disease, gallbladder disease, Non-Alcoholic Fatty Liver Disease
Abnormal gait, limited hip range	\triangleright	Slipped Capital Femoral Epiphysis
☐ Bowing of tibia	\triangleright	Blount Disease
☐ Small hands and feet, polydactyly	\triangleright	Possible genetic syndrome
Apparent micropenis, undescended testes	\triangleright	Premature puberty, may be normal penis buried in fat, consider Prader-Willi syndrome

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