

## Pediatric Body Mass Index (BMI) Form for Medi-Cal Members

(Use for members 0–20 years of age)

Please complete this form to receive your \$25 incentive.

FAX a copy to HPSM at **650-829-2009**. BILL HPSM with CPT code 99411 and modifier WT.

Patient Name: \_\_\_\_\_ HPSM Member ID #: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex:  M  F Date of Measurement: \_\_\_\_\_

### INSTRUCTIONS for Members 2–20 yrs.

1. Use the BMI wheel / calculator to determine BMI.
2. Plot the BMI number on the BMI growth chart to determine BMI %.
3. Write the BMI and percentile below and mark the category where the percentile falls.

Height (in): \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

BMI \_\_\_\_\_

BMI % \_\_\_\_\_

#### Check off BMI Category

- < 5% Underweight
- 5%–84% Healthy weight
- 85%–94% Overweight
- 95%–98% Obese
- ≥ 99% Severe Obesity

### INSTRUCTIONS for Members <2 yrs.

1. Plot length by weight on the growth chart.
2. Write percentile below.

Weight for Length % \_\_\_\_\_

### Please assess and counsel your patient about the following behavioral risk factors:

- Sedentary time (TV, computer, video games): \_\_\_\_\_ hours per day
- Physical activity: \_\_\_\_\_ hours **circle:** per day OR per week  
(e.g. active play, sports, P.E., walking/biking/skate boarding to and from school)
- Servings of fruits and vegetables per day:  <1  1  2  3  4  ≥ 5  
(note: "servings" are self-defined, the patient's regular portion of this food.) Do not include potato chips or French fries.
- Servings of sugar-sweetened beverages: \_\_\_\_\_ servings per day  
(e.g. Coke, Sunny Delight, Hawaiian punch, Hi-C, Gatorade, Snapple, energy drinks, iced tea, etc.) Do not include diet drinks.
- Breastfeeding duration, if known: \_\_\_\_\_ months
- Provided patient with nutrition counseling, educational materials, anticipatory guidance, or referral:  Yes or  No
- Provided patient with counseling, educational materials, anticipatory guidance, or referral for physical activity:  Yes or  No

### Here are some useful evidence-based messages for all children regardless of weight: (please check items you discussed)

- Decrease screen time to 2 hours/day or fewer
- Limit eating out, especially of fast food
- Limit sugar-sweetened beverages
- Eat a healthy breakfast every day
- Eat at least 5 servings of fruits and vegetables
- Remove television from children's bedrooms
- Be physically active 1 hour or more daily
- Limit portion sizes
- Have regular family meals

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Name (Print/Stamp)