

**WEIGHT ASSESSMENT
COUNSELING for NUTRITION
COUNSELING for PHYSICAL ACTIVITY
(WCC)**

Member Name: (First/Last)		DOB:	Date :	
WEIGHT ASSESSMENT				
Body Mass Index Percentile (BMI) *	<input type="checkbox"/> Date of Service _____	Height _____ Weight _____	BMI Value _____ BMI %ile _____	Growth Chart Plotted <input type="checkbox"/> Yes <input type="checkbox"/> No
COUNSELING FOR NUTRITION			COUNSELING FOR PHYSICAL ACTIVITY	
Diet <input type="checkbox"/> Dietary restrictions <input type="checkbox"/> Calcium servings <input type="checkbox"/> Protein servings <input type="checkbox"/> Fruits/Vegetables <input type="checkbox"/> Vitamin Supplements <u>Recommendations:</u>			Exercise <input type="checkbox"/> Barriers Identified <input type="checkbox"/> Sports/Team activities <input type="checkbox"/> PE at school / outdoor activities) <input type="checkbox"/> Daily living activities <u>Recommendations:</u>	

Provider Signature: _____ **Date:** _____

Healthy Tips from  **Peach State
Health Plan.**

- ✓ *Help keep your child healthy by making sure he/she gets enough daily nutrition*
 - *fruits/vegetables*
 - *grains/breads*
 - *high protein foods*
 - *Beverages – water/dairy*
- ✓ *Encourage outside activities - running, swimming, playing catch, jumping rope, etc.*
- ✓ *Encourage your child to drink water between meals. Your child should have three regular meals, daily.*
- ✓ *Encourage healthy snacks – fruit cups, applesauce (unsweetened), trail mix, granola bars, etc.*
- ✓ *Let your child determine how much they will eat. Do not encourage overeating.*
- ✓ *Limit your child's amount of fast foods, sodas, and juices*

Note: These are just a few tips to help keep your child healthy. Please contact your child's doctor with any questions or concerns about your child's diet or physical activities.