Complete Healthy Lifestyle Record

Name: _____ **Gender:** _____ **Date of Birth:** _____

This table is designed to help providers document the 'agreed-on' plan that can be filed in a patient's chart and referred to during subsequent visits to follow up and continue discussion.

Date	Age	Height (cm/in)	Weight (kg/lbs)	BMI	Percentile Curve	Readiness	Barriers to Change	Goal(s)	Additional Notes for Follow-Up
01/01/15	11.4	143 cm	32 kg	15.6	Height: 15th Weight: 15th BMI: 15th	Importance: 8 Confidence: 7	School cafeteria provides limited nutritious options	3 meals cooked with child's help per week	

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