

Preventive Health Counseling and Education for Children and Adolescents

Ages 3–17 Years

WellCare Member ID: _____

Member Name: _____

Date of Service: _____ Member DOB: _____

During the office visit, the following topics were discussed with: (Check all that apply.)

Member

Parent/Guardian

Check all that apply and document discussion with patient. Documentation must include a note indicating the date and at least one of the following:

BMI (Body Mass Index Percentiles – ages younger than 20 years)

ASSESSMENT

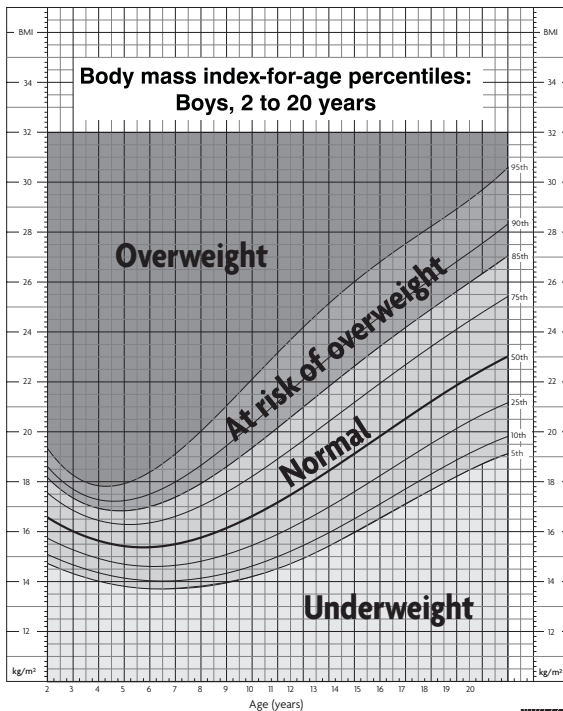
COUNSELING

EDUCATION

BMI percentile = _____ (use codes Z68.51-Z68.54) Height _____ Weight _____

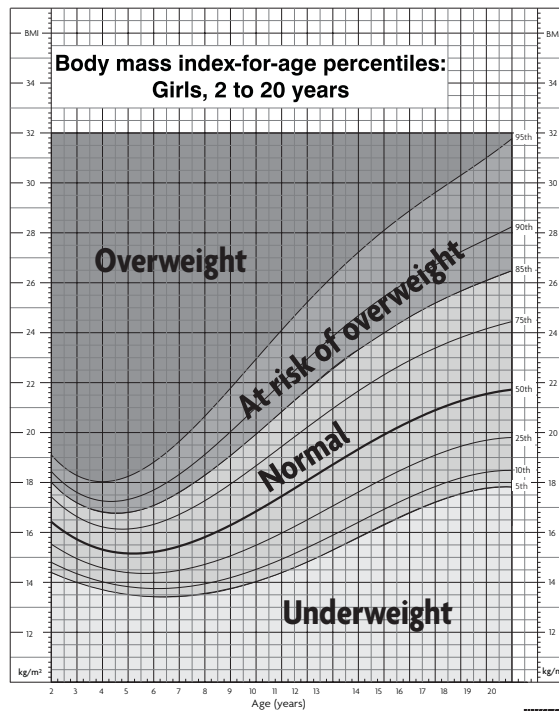
BMI percentile plotted on age/growth chart (Please complete the age/growth chart below and include in the member's chart.)

CDC GROWTH CHARTS: United States



Published May 30, 2000. SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000). SAFER • HEALTHIER • PEOPLE™

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REMINDER:
Please Complete BMI Percentile Chart.
Keep This Document in Patient's Medical Record.

Signature: _____ Completed by (Name): _____

Date: _____ MD DO PA NP



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COUNSELING FOR NUTRITION	<input type="checkbox"/> ASSESSMENT	<input type="checkbox"/> COUNSELING	<input type="checkbox"/> EDUCATION
<input type="checkbox"/> Discussed the member's current nutrition behaviors such as			
<input type="checkbox"/> Eating habits, dieting behaviors			
<input type="checkbox"/> Counseled and/or referred member for nutrition education – (<i>use code Z71.3</i>)			
<input type="checkbox"/> Add vegetables, fruit, protein and whole grains		<input type="checkbox"/> Consume milk and milk products	
<input type="checkbox"/> Aim for 3 vegetables and 2 fruits daily		<input type="checkbox"/> Eat meals as a family	
<input type="checkbox"/> Make breakfast a priority		<input type="checkbox"/> Drink more water	
<input type="checkbox"/> Try whole wheat bread and pasta			
COUNSELING FOR PHYSICAL ACTIVITY	<input type="checkbox"/> ASSESSMENT	<input type="checkbox"/> COUNSELING	<input type="checkbox"/> EDUCATION
<input type="checkbox"/> Discussed current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation) – (<i>use code Z71.82</i> (Exercise Counseling); <i>Z02.5</i> (Sports Exam); <i>G0447</i> (Face-to-face obesity counseling); <i>S9451</i> (Exercise classes))			
<input type="checkbox"/> Aim for 60 minutes of physical activity throughout the day		<input type="checkbox"/> Take the stairs, play sports, dance, play tag, etc.	
<input type="checkbox"/> Counseled or referred for physical activity			
<input type="checkbox"/> Addressed checklist indicating physical activity			
COUNSELING FOR SEXUAL ACTIVITY	<input type="checkbox"/> ASSESSMENT	<input type="checkbox"/> COUNSELING	<input type="checkbox"/> EDUCATION
<input type="checkbox"/> Counseling for oral and other contraceptives – (<i>use codes Z30.02, Z30.09, Z30.8, Z30.9</i>)			
COUNSELING FOR DEPRESSION	<input type="checkbox"/> ASSESSMENT	<input type="checkbox"/> COUNSELING	<input type="checkbox"/> EDUCATION
<input type="checkbox"/> Depression screening – (<i>use code 96127</i>)			
COUNSELING FOR SUBSTANCE USE	<input type="checkbox"/> ASSESSMENT	<input type="checkbox"/> COUNSELING	<input type="checkbox"/> EDUCATION
<input type="checkbox"/> Alcohol and/or Drug Assessment or Screening – (<i>use codes 99408, 99409, G0396, G0397, H0001, H0049, for ICD-10, use appropriate code family: F</i>)			
<input type="checkbox"/> Alcohol and/or Drug Use Counseling – (<i>use codes H0005, H0050, T1006, or Z71.41, Z71.89</i>)			

Quality care is a team effort. Thank you for playing a starring role!