



Signed in successfully.



Weight Management Tool

This tool will guide you through the consultation in 6 easy steps:

- 1 BMI Calculator
- 2 Blood Pressure Measurement (optional)
- 3 Risk Assessment
- 4 Lifestyle Assessment
- 5 Completion & Print
- 6 Questionnaire

Open the Tool



Weight Management Tool New Consultation

1 BMI Calculator

2 Blood Pressure

3 Risk Assessment

4 Lifestyle Assessment

5 Completion & Print

6 Questionnaire

BMI Calculator

* Date of Birth

* Gender Female
 Male

* Ethnicity

Height cm

Weight kg

Calculate

Weight Management Tool Consultation 20

- 1 BMI Calculator
- 2 Blood Pressure
- 3 Risk Assessment
- 4 Lifestyle Assessment
- 5 Completion & Print
- 6 Questionnaire

BMI Calculator

Date of Birth

Gender Female
 Male

Ethnicity

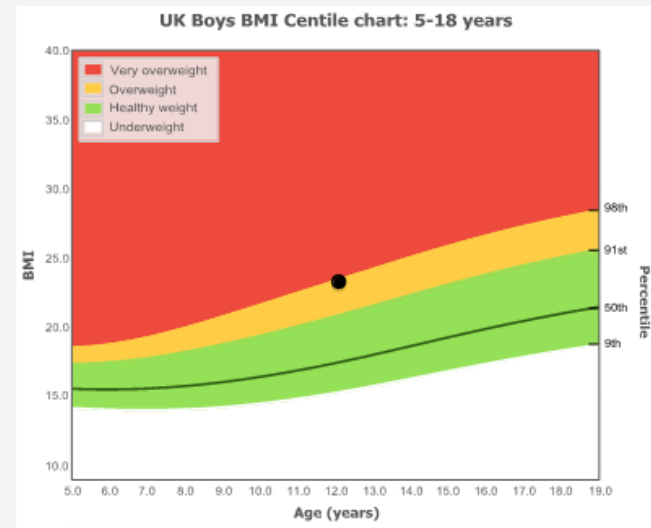
Height cm

Weight kg

Edit

BMI Results

Weight Status Overweight



	Current	Recommended (Age Specific)
BMI	23.4	15.6 - 21.1
BMI Centile	97.6	9th - 91st
Weight	60.0 kg	40.0 kg - 54.0 kg

[Skip to Risk Assessment](#) [Continue to Blood Pressure](#)

Weight Management Tool Consultation 21

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Additional Risk Assessment Questions

Is your child being teased at school due to religion, race, looks or the way he/she talks?

Yes No

Is your child regularly bullied at school (i.e. several times a week)?

Yes No

How many parents are at home?

One Two

Are you employed?

Yes No

How many hours per day does your child spend using a computer for entertainment (e.g. play games, Facebook, etc)?

hours/day

How many hours per day does your child spend watching TV ?

hours/day

[Back to Blood Pressure](#)[Continue to Lifestyle Assessment](#)



Weight Management Tool Consultation 21

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Lifestyle Assessment

How many times per week does your child eat breakfast ?

6 times/week

How many times per week does your child eat meals away from home (e.g. take aways, cafes, restaurants) ?

Please consider school meals/lunch box as eating at home.

1 times/week

How many times per day does your child drink sugar-sweetened drinks (e.g. fizzy-drinks, fruit drinks) ?

2 times/day

What time does your child go to bed and wake up?

from 10:00pm to 7:00am

How many minutes of physical activity does your child get each day (incl. exercise & active play) ?

45 minutes/day

How many hours per day does your child spend using a computer for entertainment (e.g. play games, Facebook, ect) ?

1 hours/day

How many hours per day does your child spend watching TV ?

2 hours/day

Edit

Lifestyle Assessment Results

Breakfast Needs improvement

Your Child Eats breakfast 6 days a week.

Recommended Children should eat breakfast 7 days a week.

Healthy ideas Children who eat a good breakfast tend to perform better in school!
Try porridge, fresh fruit, or whole grain cereal with low-fat milk.

[More breakfast information »](#)

Eating away from home Well done!

Your Child Eats meals away from home 1 times per week.

Recommended Limit eating meals away from home to once or twice a week.

Healthy ideas Schedule regular meal times; children like routine and it's a good way to get the whole family together.
If you have to eat out, avoid fast food and make the same healthy choices you would make at home.

[More healthy eating information »](#)

Sugar-sweetened beverages Needs improvement

Your Child Drinks 2 sugar-sweetened beverages each day.

Recommended Try to eliminate consumption of sugar-sweetened beverages.

Healthy ideas Keep hydrated with water! Replacing caloric beverages with water saves money and is an easy way to eliminate calories!
Skip the sports drinks – they are full of sugar and should only be used to replenish nutrients lost after intense activities that last longer than 1 hour.

[More sugar-sweetened beverage information »](#)

Sleep	Well done!
Your Child	Sleeps 9 hours per day.
Recommended	Children aged 10-17 years should sleep for 8.5 to 9.5 hours each night.
Healthy ideas	Go to bed at the same time each night. Avoid watching TV or using a computer while in bed as it can disrupt sleep. More sleep information »
Physical Activity	Needs improvement
Your Child	Is active for 45 minutes per day.
Recommended	Children should be active for at least 60 minutes every day.
Healthy ideas	Get off the bus a few stops early or bike/walk to school. Plan family activities that encourage exercise, like walking, biking, or swimming. Brent Council has three sports centres: Bridge Park Community Leisure Centre, Vale Farm Sports Centre, and Willesden Sports Centre. For more details, see http://www.brent.gov.uk/sport.nsf/pages/lbb-3 . More physical activity information »
Screen Time	Needs improvement
Your Child	Spends 3 hours per day watching TV or playing computer games.
Recommended	Limit total TV and computer screen time to 2 hours a day.
Healthy ideas	Instead of turning on the TV or playing computer games after dinner, try to have a family walk or game time a few nights each week. Make meal time family time: turn the TV off during meals. More screen time information »

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[Continue to Completion & Print](#)



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Completion & Print

Key Print-outs

- Study Family Questionnaire** printed and given to parents [Click to download](#)
- Lifestyle Advice** printed and given to parents [Click to print](#)
Please inform them of where to return it.
- Patient Data** printed so it can be saved in GP system [Click to print](#)
Please note this data cannot be accessed once consultation is completed.

Recommendations (subject to your discretion)

- If you are at MEDIUM or HIGH risk of having high LDL, your future risk of cardiovascular disease could be increased.

If this is the case, we recommend referral to a paediatrician or further investigation of cardiovascular health with a full lipid profile and blood pressure measurement.

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Health Professional Questionnaire

Please complete this evaluation form each time you complete a consultation with an overweight child and their family.

Today's date

Your initials

- * Your occupation
- General Practitioner
 - Practice Nurse
 - School Nurse
 - Pharmacist
 - Other

Please indicate your level of agreement with the following statements about the consultation today.

	Disagree	Slightly Disagree	Slightly Agree	Agree
1 I felt confident of my skills and knowledge during the consultation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 I provided the patient with appropriate treatment/advice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 I made a contribution to the patient's well-being.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 I provided well-organised care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>