

# Cedar Park Pediatric & Family Medicine

## Health and Wellness Program



Please return Review of Symptoms, Family History, 5210 Questionnaire, Choosing a Goal, and the food journal via:

1. Fax to 512.336.2778
2. Drop off at either clinic location Attn: Colin Ackman or Mindy Stone
3. Scan to email [cackman@cedarparkdoctors.com](mailto:cackman@cedarparkdoctors.com) or [mmorris@cedarparkdoctors.com](mailto:mmorris@cedarparkdoctors.com) .

**(Emails are not secure)**



# Cedar Park Pediatric & Family Medicine

Complete Medical Care for your Family

## Healthy Weight and Your Child

### Review of Symptoms

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY PROBLEMS WITH THE FOLLOWING:	YES	NO
Anxiety		
School Avoidance		
Headaches		
Shortness of Breath		
Exercise Intolerance		
Snoring		
Sleep Apnea		
Daytime Sleepiness		
Abdominal Pain		
Hip Pain		
Knee Pain		
Foot Pain		
Irregular Periods		
Frequent Urination		
Increased Thirst		
Bedwetting		

**\*\* Please return this page to provider prior to scheduling\*\***



# Cedar Park Pediatric & Family Medicine

Complete Medical Care for your Family

## Healthy Weight and Your Child Family History

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

FAMILY HISTORY (IN RELATION TO THE CHILD)	MOTHER	FATHER	MATERNAL GRANDMOTHER	MATERNAL GRANDFATHER	PATERNAL GRANDMOTHER	PATERNAL GRANDFATHER
Being Overweight						
Type II Diabetes						
High Cholesterol						
High Triglycerides						
Heart Attack						
Coronary Artery Disease						
High Blood Pressure						

**\*\* Please return this page to provider prior to scheduling\*\***

# 5210 Healthy Habits Questionnaire ages 2-9

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_

We are interested in the health and well-being of all our patients. Please take a moment to answer these questions.

MaineHealth  
**LET'S GO!**  
5-2-1-0

1. How many servings of fruits or vegetables do you have a day? \_\_\_\_\_  
*One serving is most easily identified by the size of the palm of your hand.*
2. How many times a week does your child eat dinner at the table together with the family? \_\_\_\_\_
3. How many times a week does your child eat breakfast? \_\_\_\_\_
4. How many times a week does your child eat takeout or fast food? \_\_\_\_\_
5. How much recreational (*outside of school work*) screen time does your child have daily? \_\_\_\_\_
6. Is there a television set or Internet-connected device in your child's bedroom? \_\_\_\_\_
7. How many hours does your child sleep each night? \_\_\_\_\_
8. How much time a day does your child spend being active? \_\_\_\_\_  
*(faster breathing/heart rate or sweating)?*
9. How many 8-ounce servings of the following does your child drink a day?
 

100% juice _____	Whole milk _____
Water _____	Soda or punch _____
Fruit or sports drinks _____	Nonfat (skim), low-fat (1%), or reduced-fat (2%) milk _____
10. Based on your answers, is there ONE thing you would like to help your child change now? Please check one box.
  - Eat more fruits and vegetables.
  - Eat less fast food/takeout.
  - Drink less soda, juice, or punch.
  - Drink more water.
  - Spend less time watching TV/movies and playing video/computer games.
  - Take the TV out of the bedroom.
  - Be more active – get more exercise.
  - Get more sleep.

Please give the completed form to your clinician. **thank you!**

# 5210 Healthy Habits Questionnaire ages 10+

Your Name: \_\_\_\_\_

Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_

We are interested in the health and well-being of all our patients. Please take a moment to answer these questions.

MaineHealth  
**LET'S GO!**  
5-2-1-0

1. How many servings of fruits or vegetables do you have a day? \_\_\_\_\_  
*One serving is most easily identified by the size of the palm of your hand.*
2. How many times a week do you eat dinner at the table together with your family? \_\_\_\_\_
3. How many times a week do you eat breakfast? \_\_\_\_\_
4. How many times a week do you eat takeout or fast food? \_\_\_\_\_
5. How much recreational (*outside of school work*) screen time do you have daily? \_\_\_\_\_
6. Is there a television set or Internet-connected device in your bedroom? \_\_\_\_\_
7. How many hours do you sleep each night? \_\_\_\_\_
8. How much time a day do you spend being active? \_\_\_\_\_  
*(faster breathing/heart rate or sweating)?*
9. How many 8-ounce servings of the following do you drink a day?
 

100% juice _____	Whole milk _____
Water _____	Soda or punch _____
Fruit or sports drinks _____	Nonfat (skim), low-fat (1%), or reduced-fat (2%) milk _____
10. Based on your answers, is there ONE thing you would be interested in changing now? Please check one box.
  - Eat more fruits and vegetables.
  - Eat less fast food/takeout.
  - Drink less soda, juice, or punch.
  - Drink more water.
  - Spend less time watching TV/movies and playing video/computer games.
  - Take the TV out of the bedroom.
  - Be more active – get more exercise.
  - Get more sleep.

Please give the completed form to your clinician. **thank you!**

# Choosing a Goal

**Here are some things that have worked for some other families.  
Which, if any, would you be willing to try?**

For Kids	For Parents
<p>Eat vegetables instead of sugary or fried foods.</p> <p>Watch less TV.</p> <p>Become more active.</p> <p>Cut back on video games.</p> <p>Cut down on juice.</p> <p>Eat more healthy snacks.</p> <p>Give up soda.</p> <p>Drink nonfat (skim) or low-fat (1%) milk.</p> <p>Eat less fast food.</p> <p>Sleep at least 8 hours.</p> <p>Stop skipping breakfast.</p> <p>Eat fruit for dessert.</p> <p>Something else?</p>	<p>Buy less juice.</p> <p>Remove TVs from bedrooms.</p> <p>Set a bedtime for your kids.</p> <p>Cook with less fat.</p> <p>Provide vegetables daily</p> <p>Buy nonfat (skim) or low-fat (1%) milk.</p> <p>Provide fruit as dessert.</p> <p>Watch less TV.</p> <p>Serve breakfast daily</p> <p>Eat at home more.</p> <p>Serve smaller portions.</p> <p>Play actively together.</p> <p>Do not keep soda in the house.</p> <p>Something else?</p>



Please record at least 24-48 hours-or even a full week-the more information, the better!

WEEKDAY	BREAKFAST	LUNCH	DINNER	SNACKS	WATER/DRINKS	ACTIVITIES
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						



# Cedar Park Pediatric & Family Medicine

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## Health and Wellness Clinic

### Recommended Books and Digital Media

How to Eat: All Your Food an Diet Questions Answered by Mark Bittman and David Katz, MD

How Not To Diet: The Groundbreaking Science of Healthy, Permanent Weight Loss by Michael Greger

Forks Over Knives: The Plant-Based Way to Health by Gene Stone, T. Colin Campbell and Caldwell B. Esselstyn

The Obesity Code: Unlocking the Secrets of Weight Loss by Jason Fung, MD and Timothy Noakes

The Blue Zones Solution by Dan Buettner

<https://nutritionfacts.org/>

<https://www.healthychildren.org/english/healthy-living/pages/default.aspx>

Dr. Greger's Daily Dozen App

Calm App for Meditation

Headspace App for Meditation



# Cedar Park Pediatric & Family Medicine



Health & Wellness Packet

Visit #1


# Are you ready to Change?

## Readiness Ruler

How ready are you to make a change?

How Ready Are You?

0	1	2	3	4	5	6	7	8	9	10
What would make me more ready?				What might my next steps be?				What is my plan?		



www.letsgo.org

Not ready  
Not confident

Thinking about it

Ready  
Confident

## ***ZigZag Zoom!***

***ZigZag*** away from TV, soda, and junk food...

***Zoom*** into healthy eating, getting active, and feeling great!

# Theme: Healthy Families

- Let's get your whole family healthy!
- Enjoy healthy foods together at the table.
- When unhealthy foods are out of the house, healthy choices are easier.
- Family time can be active time.
  - Take a family hike or walk.
  - Enjoy a family day out
- What does your family like to do?

