Date of Assessment: __________ / __________ / ____________

DOB: __________ / __________ / ____________  Age (years & months): ______________

Height: ________________ m/cm  Weight: ________________ kg

Change in weight:
Wt 3 months ago: ________________ kg  percent wt loss*: _____ %
Wt 6 months ago: ________________ kg  percent wt loss*: _____ %
Wt prior to onset (date: _____ mth / _____ yr): ________________ kg  Overall percent wt loss*: __________ %

*Nb. percent wt loss = \( \frac{\text{previous wt} - \text{current wt(kg)}}{\text{previous wt}} \times 100 \)

Weight for age: (≤ 12yrs)
Current Percentile: __________  Expected / Median Wt for age (Wt at 50\textsuperscript{th} percentile for age): __________ kg
Percent Weight for Age (current weight ÷ median weight for age) x 100: __________ %

Height for Age:
Current percentile: __________  Expected / Median Ht for age (Ht at 50\textsuperscript{th} percentile for age): __________ cm
Percent Ht for age(current ht ÷ median ht for age) x 100: __________ %
Mid Parental height:
Girls = (Fa ht – 13) + Mo Ht / 2: ________________ cm
Boys = (Mo ht – 13) + Fa Ht / 2: ________________ cm

BMI for age: (ages ≥ 12yrs – ≤ 16yrs only)
Current BMI (wt(kg) ÷ ht(m)\(^2\)): __________  Expected / Median BMI for age (BMI at 50\textsuperscript{th} percentile for age): __________
Percent BMI for age (current BMI ÷ median BMI for age) x 100: __________ %

Malnutrition rating: (please circle)
Acute malnutrition: mild  moderate  severe
Growth stunting: mild  moderate  severe

Does weight loss indicate possible eating disorder: (please circle)
Yes / No  If yes please indicate possible type: Anorexia Nervosa  OSFED  Other ____________

Comments:

Initial target weight:  height review recommended: