

Adolescent clinic out-patient follow-up

(Sticker)

Age: _____ **Date:** _____
Consultant _____
Wt _____ **kg** **centile** _____
Ht _____ **cm** **centile** _____
SA _____ **m²**
BP _____ **HR** _____ **Urinalysis** _____

Clinical review
Clinical trial?

Examination

Pubertal stage	Signs of Fat redistribution	
P	Increased central fat	yes / no
B	Thin limbs, buttocks	yes / no
Menarche	Thin face	yes / no

Current medication

Drug	Dose(in mg)	Freq	Today's changes	Side effects of treatment
Adherence	Any missed doses in last 7days <input type="checkbox"/>			
	Any missed doses in last month <input type="checkbox"/>			
Body Shape	Are you happy with the shape of your body? Do you think any part of you is too fat or too thin?			

