Visit Outline for Healthy Child Weight Counseling

1.	Ask Permission	Ask Permission	
	a. Can we talk about how	is growing?	
	b. Can we talk about	's weight?	
	c. Can we talk about how	usually eats?	
	d. Can we talk about what	does to stay active?	
2.	Elicit the Family's Concerns		
	a. What do you think of	's weight?	
	b. What do you think of what _	usually eats?	
	c. What do you think of	's activity level?	
3.	Assess Readiness to Change		
		improve's weight, diet, and/or activity? Why is it	
	important/why not?		
4.	ESPECIALLY IF THE FAMILY IS AMBIVALENT, Elicit Change Talk		
	a. What would make be more important?		
	b. What would be the benefits of changing?		
	c. What would be the down side of not changing?		
	d. How would you like to make a change?		
5.	Collaboratively Set a Goal		
	a. It looks like your screening form identified healthy changes you could make in X , Y , or Z . Which		
	one of those are you most interested in working on?		
		ou will succeed? What or who will help you succeed?	
	c. What might get in the way?		
6.	Summarize, Make a Follow-Up Plan and/or Referral		
	a. We talked about changingwhich is important to you because of You will keep		
	track of every day. I	referred you to or you can come back to see us in 1-2	
	months to see how things are	e going.	