CT Children's Weight Management Program Referral Form

Patient Name: _____
Patient DOB: _____ Age: ____
Address: _____
_____
Parent/Guardian: _____
Phone#: Home: _____ Cell: _____
Work: _____ Email: _____
Referring provider: _____

Date of Last Examination: _____
WT: _____ HT: _____ BP: _____

BMI: _____ BMI%: _____ (required)
(Please note: BMI % must be 95th or above)

MEDICATIONS:
Rx: _____
Non-Rx: _____

HISTORY

Abnormal weight gain since age:_____years
Previous weight control interventions:
– _____
– _____
– _____
– _____

Current health or psychiatric problems other than obesity:

Psychiatric:
- ☐ Depression/Anxiety
- ☐ Learning Disability
- ☐ Developmental delay/Autism
- ☐ ADD/ADHD
- ☐ Other: _____
- ☐ Physical limmitations, use of wheelchair, etc: _____

Medical:
- ☐ PCOS
- ☐ Pre-Diabetes/DM
- ☐ Asthma
- ☐ HTN
- ☐ Abnormal lipids
- ☐ Other:

Program Interest:
- ☐ Surgical / Bariatric
- ☐ Non-surgical

LANGUAGE:
English Speaking: ☐ YES ☐ NO: _____
Interpretor Needed? ☐ YES ☐ NO

PHYSICAL EXAM

Please check if normal:
- ☐ Constitutional (alert, not toxic, not dysmorphic)
- ☐ Skin (no striae, no hirsutism, no acne)
- ☐ Eyes
- ☐ ENT
- ☐ Neck
- ☐ Thyroid
- ☐ Respiratory
- ☐ Heart
- ☐ Abdomen
- ☐ Extremities, musculoskeletal, joints
- ☐ Neurological
- ☐ Psych (normal affect & memory)

Abnormal Exam Findings:
- ☐ Acanthosis nigricans (mild, moderate severe)
- ☐ Other: _____

LABORATORY TESTS

*****Pre-screening bloodwork is not required to join the weight management program*****

However, if your patient had recent bloodwork (within past 6 months), we would appreciate a copy of the pertinent labs: fasting glucose, fasting lipid panel, AST/ALT, TSH, free T4, fasting insulin, 25-Vitamin D

(If labs were done for PCOS concern, please forward those as well)

CHECKLIST

- ☐ This referral sheet completed
- ☐ Growth chart attached
- ☐ Laboratory results (if available) attached
- ☐ Insurance card copy – front & back

_____
Physician signature

Please fax this referral (along with items in above checklist) to: 860-837-6702 Attn: Weight Mgmt Coordinator