



Patient Information	
First:	Middle: Last:
Preferred Name:	Preferred Language:
Date of Birth AND Age:	Legal Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Patient Address:	Zip Code:
Guardian Name:	Guardian/Patient Phone Number:
Referral Information	
Diagnosis Name and Code ICD-10 (Required):	Clinic Referring To: (Please Circle) Lifestyle Medicine Nutrition
	Additional Relevant Information:
Referring Provider Information	
Referring Provider:	NPI Number:
Practice Name:	Contact Number:
	Fax Number:
Practice Address:	
Provider Signature:	

Please attach all relevant clinical documents (clinic notes, medication history, growth charts, labs diagnostic reports, etc.)



Areas of most concern: circle YES/NO below

1. Is your patient less than 2 years old? YES/NO
 - a. **If YES, stop here.** If NO, please complete questions below.
2. Is your patient older than 18 and NOT established at CHCO? YES/NO
 - a. If yes, please do not refer to Children's Hospital, consider a referral to Anschutz Health and Wellness (303) 724-9355
 - b. If no, continue to question 3.
3. Is your patient being referred for **obesity** (please see algorithm below for AAP recommended treatment of obesity)? YES/NO
 - a. If yes, please complete questions 4-7
 - b. If no, skip to question 8
4. Does your patient have an A1C greater than or equal to 6.5? YES/NO
 - a. If yes, refer to Endocrinology and make a note to schedule with Lifestyle Medicine Level 2 clinic. If the HbA1c is 9% or greater, please call One Call for an Endocrinology consult (720) 777-3999.
 - b. If no, continue to question 5
5. Does your patient have a triglyceride level greater than or equal to 1,000? YES/NO
 - a. If yes, refer to Endocrinology and make a note to schedule with Lifestyle Medicine Level 2 clinic. Please also call One Call for an Endocrinology consult to triage the patient more quickly (720) 777-3999.
 - b. If no, continue to question 6
6. Is your patient's BMI >99%? YES/NO
 - a. If yes, stop here.
 - b. If no, continue to question 7
7. Is your patient's BMI between 95-99%? YES/NO
 - a. If yes, does your patient have any of the following comorbid conditions?
 - ☐ Prediabetes (HbA1c >5.7%)
 - ☐ Triglycerides >150 mg/dl
 - ☐ LDL cholesterol >110 mg/dl
 - ☐ AST/ALT >45 mIU/L
 - ☐ Hypertension
 - ☐ Sleep apnea/sleep disordered breathing
 - ☐ PCOS
 - ☐ Underlying mental health disorder (with current treatment), IDD/ASD, or known/suspected genetic or medical cause of obesity (e.g., hypothalamic injury)
 - b. If no, please refer to the AAP guideline provided below for treatment recommendations.



Children's Hospital Colorado

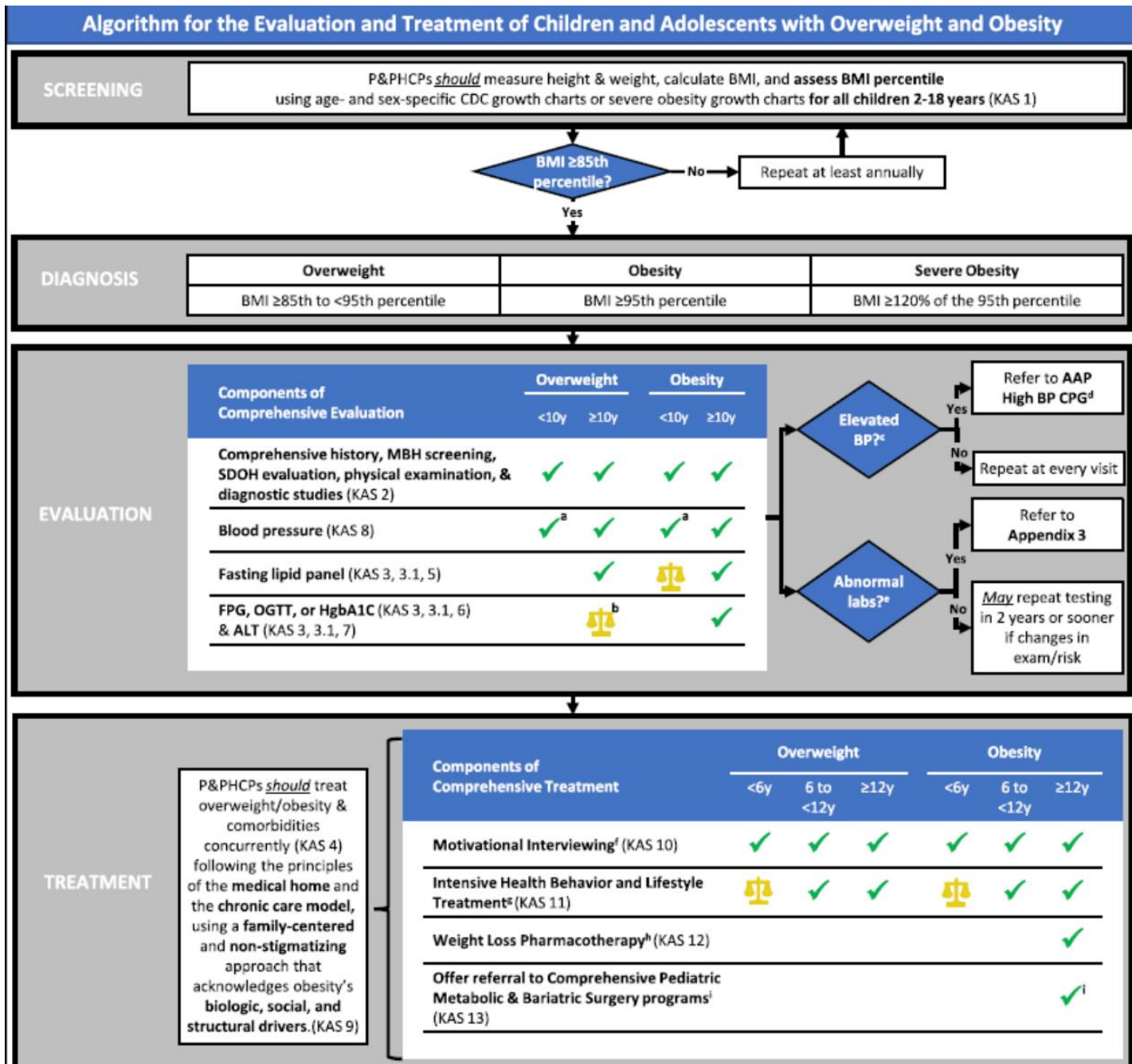


Lifestyle Medicine & Nutrition Clinic **REFERRAL GUIDELINES**

Information for Healthcare Providers

childrenscolorado.org

8. Are you referring for **low BMI or weight loss**? YES/NO
- a. If yes or no, are you concerned/or have you screened for eating disorder (anorexia, ARFID, bulimia)? YES/NO
- If yes and your patient is greater than 11 years old, please refer to Adolescent Medicine.
- If no, continue to question 9.
9. Are you referring for any of the following conditions (please check)?
- ☐ Clinical or laboratory evidence of nutritional deficiency
 - ☐ Tube (NG/G/JG) feeding
 - ☐ Restricted diet **WITH** growth faltering or signs of nutrition deficiency due to:
 - ☐ Food allergies/intolerances
 - ☐ "Plant-based" diet (vegan, vegetarian, raw food)
 - ☐ Poor variety or food avoidance (extreme picky eating)
 - ☐ Short stature
 - ☐ Autism, delayed development or a diagnosed genetic disorder
 - ☐ Abnormal swallow study
 - ☐ High cholesterol or triglyceride levels without concerns of obesity
 - ☐ Hypertension without concerns of obesity
 - ☐ HbA1c greater than or equal to 6.0 without concern for obesity
 - ☐ PCOS
 - ☐ Other (comment): _____



✓ = P&PHCPs *should*; ⚖️ = P&PHCPs *may*

✓^a = In children 3y and older with overweight/obesity, P&PHCPs *should* evaluate for hypertension using blood pressure

⚖️^b = In the presence of risk factors for T2DM or NAFLD, P&PHCPs *may* evaluate for abnormal glucose metabolism and liver function. **T2DM risk factors:** family history of T2DM in 1st or 2nd degree relative, maternal gestational diabetes, signs of insulin resistance or conditions associated with insulin resistance (acanthosis nigricans, hypertension, dyslipidemia, polycystic ovary syndrome, or small-for-gestational-age birth weight), obesogenic psychotropic medication. **NAFLD risk factors:** Male sex, prediabetes/diabetes, obstructive sleep apnea, dyslipidemia, or sibling with NAFLD.

^cElevated BP: ≥90th percentile (<13 years old) or ≥120/80 (≥13 years) – confirm initial high BP reading with average of repeat BP x 2 using auscultation to classify as abnormal

^d2017 Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents ([link](#))

^eAbnormal labs results for which additional testing is recommended: LDL ≥130; TG ≥100 (<10 years) or 130 (≥10 years); Prediabetes: HgbA1C ≥5.7 – 6.4; FBS 100-125, OGTT 140-199; T2DM: FPG ≥126mg/dL, OGTT ≥200, HgbA1C ≥6.5; ALT ≥2x upper limit of normal (≥52 males / ≥44 females)

^fUse Motivational Interviewing to engage patients and families in treating overweight and obesity

^gProvide or refer to Intensive Health Behavior and Lifestyle Treatment. Health behavior and lifestyle treatment is more effective with greater contact hours; the most effective include 26 or more hours of face-to-face, family-based, multi-component treatment over a 3-12-month period.

^hOff-in-weight-loss pharmacotherapy: consider to medication, indications, risks, and benefits, as an adjunct to health behavior and lifestyle treatment.