



## Lifestyle Medicine & Nutrition Clinic REFERRAL GUIDELINES

Information for Healthcare Providers

[childrenscolorado.org](http://childrenscolorado.org)

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.)**



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### 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](tel:(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.



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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): \_\_\_\_\_

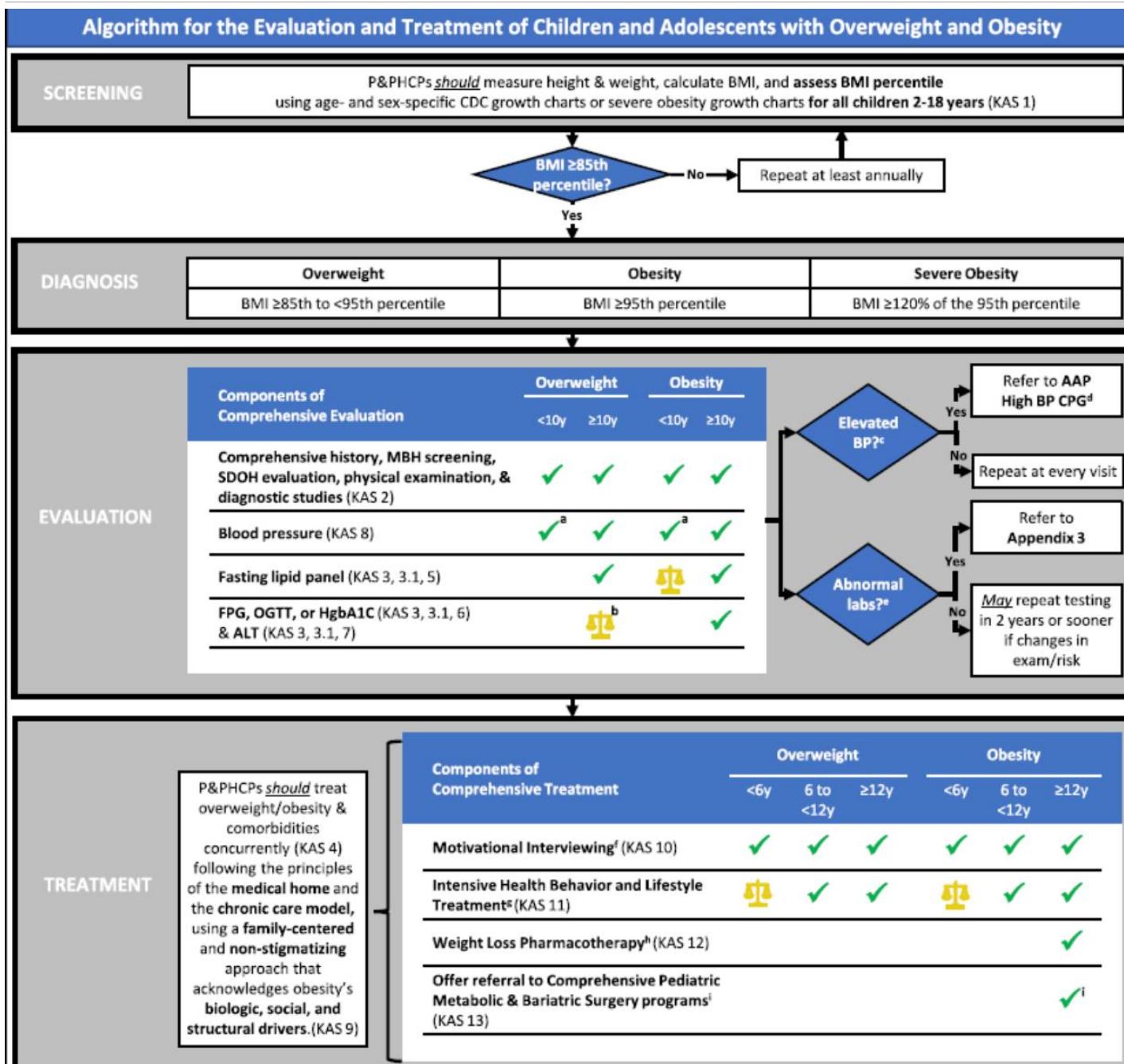


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✓ = P&PHCPs should; ⚖ = P&PHCPs may

<sup>a</sup> = In children 3y and older with overweight/obesity, P&PHCPs should evaluate for hypertension using blood pressure

<sup>b</sup> = 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 1<sup>st</sup> or 2<sup>nd</sup> 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.

<sup>c</sup> Elevated BP:  $\geq$ 90th percentile ( $<13$  years old) or  $\geq$ 120/80 ( $\geq 13$  years) – confirm initial high BP reading with average of repeat BP x 2 using auscultation to classify as abnormal

<sup>d</sup> 2017 Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents ([link](#))

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

<sup>f</sup> Use Motivational Interviewing to engage patients and families in treating overweight and obesity

<sup>g</sup> Provide 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.

<sup>h</sup> Offer weight loss pharmacotherapy according to medication indications, risks, and benefits, as an adjunct to health behavior and lifestyle treatment