

GROWTH AND MEDICAL NUTRITION CLINIC

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.



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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)?

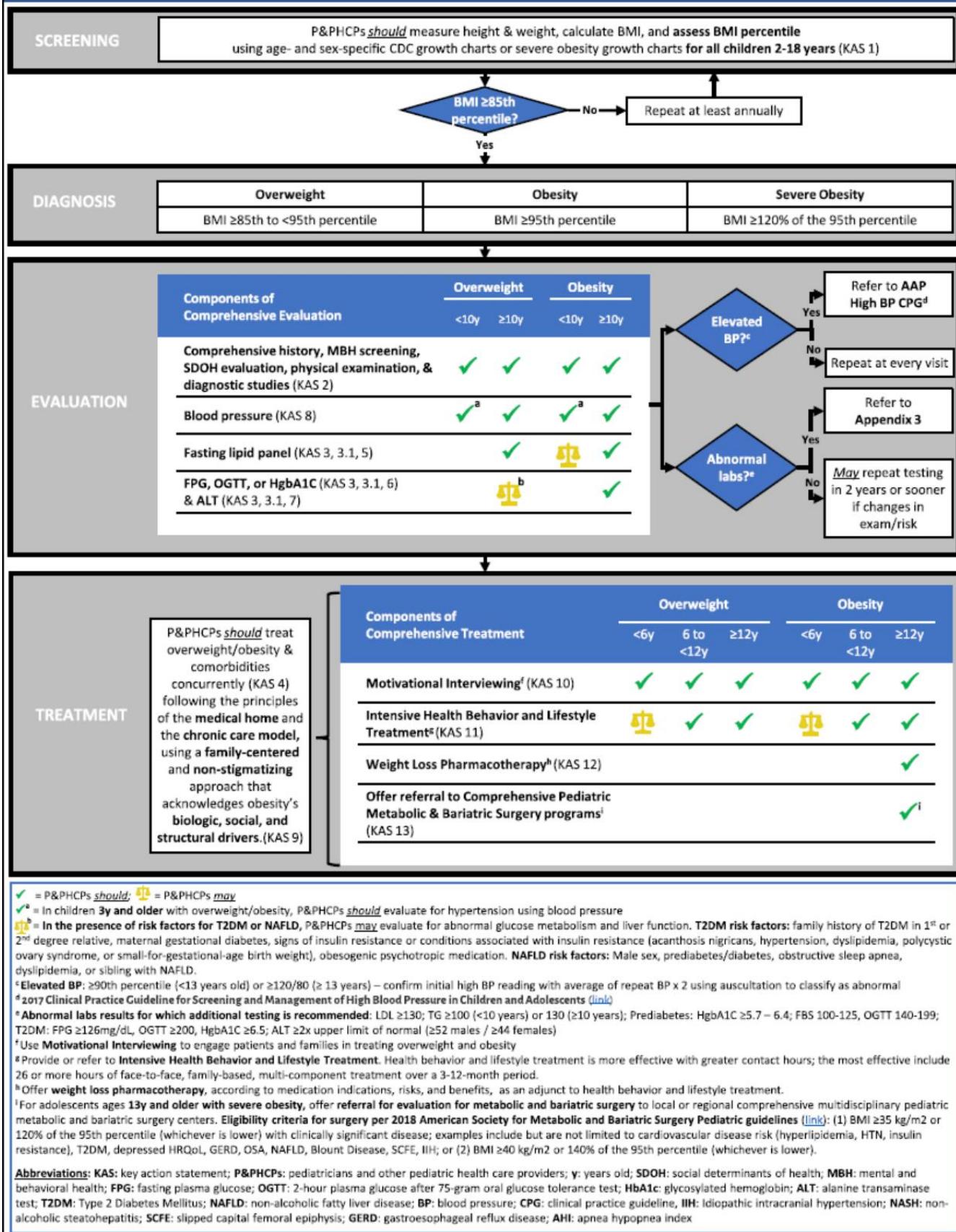
- Clinical or laboratory evidence of nutritional deficiency
- Tube (NG/G/JG) feeding
- Restricted diet **WITH** growth faltering or signs of nutrition deficiency due to:
 - Food allergies/intolerances
 - “Plant-based” diet (vegan, vegetarian, raw food)
 - Poor variety or food avoidance (extreme picky 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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Algorithm for the Evaluation and Treatment of Children and Adolescents with Overweight and Obesity



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