

Mary Bridge Pediatric Weight and Wellness Program
Referral Form

Program fax: 253-403-4700

Program eligibility:

- 2 - 17 years of age
- BMI \geq 95% percentile for age or \geq 85% with additional risk factors OR
- Concerns about weight gain acceleration

Program components:

1. Multi-disciplinary assessment of family strengths, patient fitness, eating competence, health behaviors and environmental factors.
2. Individual follow-up plan.

Parent/Guardian completes this section:

Child's Name: _____ Date of Birth: _____ Sex: M F

Parent/Guardian's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

By signing this you agree to be contacted by Mary Bridge Pediatric Weight and Wellness Program about Family Wellness participation.

Parent/Guardian Signature: _____

Best Practice recommendations for BMI equal to or greater than the 95th percentile:

Age 10 and above, the following labs are recommended:

- ✓Lipid panel
- ✓ALT, AST
- ✓Fasting glucose

✓A1C if any 2 additional risk factors are present:

1. Family history of Type 2 diabetes
2. Signs of insulin resistance or related conditions (acanthosis, hypertension, dyslipidemia, polycystic ovary disease)
3. Maternal history of diabetes or gestational diabetes
4. Ethnicity (Native American, African American, Latino, Pacific

MD/ARNP/RN completes this section:

MD/RN/ARNP Name: _____ Date: _____

Clinic/School: _____ Primary Provider Other

Phone: _____ Fax: _____

REFERRAL TO IN-DEPTH ASSESSMENT WITH RD & SW: no labs required

Additional referral to the Mary Bridge Endocrine Clinic: check here and order labs above

Mailing address: PO Box 5299, MS: 316L-1-PWM Tacoma, WA 98415-0299

