

Phone (336) 713-2348
Fax (336) 716-9699

BrennerFIT Program

Physician Referral Fax Form



Brenner Children's Hospital
Wake Forest University Baptist Medical Center

Patient Name: _____ MRN#: _____
Date of Referral: _____ Date of Birth: _____
Parent/Guardian Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Telephone #: (____) _____ Parent Work/Cell #: (____) _____
Physician Name: _____ Specialty: _____
Physician Phone #: (____) _____ Zip: _____
Fax#: (____) _____ Physician Email address: _____
Patient Height: _____ in / cm Patient Weight _____ lbs / kg BMI _____ kg/m²

BMI calculator- <http://www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm>
Growth charts/BMI - <http://www.cdc.gov/growthcharts/>

BMI \geq 95 percentile for age and gender AND must have one of the following:
(Please check all that apply and/or fax all laboratory values if available)

| <u>Co-Morbidity</u> | <u>Lab Value (Normal)</u> | <u>Date Obtained</u> |
|--|--------------------------------------|----------------------|
| <input type="checkbox"/> Hypercholesterolemia | _____ Total Cholesterol (< 200mg/dL) | _____ Date |
| <input type="checkbox"/> Dyslipidemia | _____ HDL (> 40mg/dL) | _____ Date |
| <input type="checkbox"/> Hyperlipidemia | _____ LDL (< 130mg/dL) | _____ Date |
| <input type="checkbox"/> Hypertriglyceridemia | _____ Triglycerides (< 110mg/dL) | _____ Date |
| <input type="checkbox"/> Hyperinsulinism | _____ Insulin Level (\leq 20U/L) | _____ Date |
| | _____ Fasting Glucose (< 100mg/dL) | _____ Date |
| <input type="checkbox"/> Elevated LFT's/NAFLD/NASH | _____ AST (\leq 60U/L) | _____ Date |
| | _____ ALT (\leq 60U/L) | _____ Date |
| <input type="checkbox"/> Hypertension (Systolic or diastolic BP > 90 th percentile on 3 or more readings) | | |
| BP _____ | BP _____ | BP _____ |
| Date _____ | Date _____ | Date _____ |
| <input type="checkbox"/> Sleep Apnea | | |
| <input type="checkbox"/> PCOS (Polycystic Ovarian Syndrome) | | |
| <input type="checkbox"/> Blount's Disease/SCFE (Slipped capital femoral epiphysis) | | |
| <input type="checkbox"/> Pseudotumor Cerebri | | |

IF A CHILD'S BMI \geq 40 kg/m² AND NO MEDICAL CO-MORBIDITY IS IDENTIFIED,
PLEASE CALL OUR OFFICE AT (336)713-2348
If we cannot see a patient your office will contacted