

## Childhood Obesity Referral Form

Cullman, Limestone, Madison, Morgan, Marshall and Jackson Counties

*Please fax completed form to 256-382-2715*

Recipient Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Recipient/Guardian Phone: \_\_\_\_\_

Medicaid #: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Physician/Facility: \_\_\_\_\_

Physician Office Contact Name and Number: \_\_\_\_\_

Date of Visit \_\_\_\_\_ **\*This section to be completed by pediatrician.**

BMI % \_\_\_\_\_

- BMI < 5% (underweight)
- BMI 5-84% (healthy weight)
- BMI 85-94% (overweight)
- BMI >95% (obese)

**Self Management: Goal(s) Selected by Patient/Family**

Nutrition:

- Increase fruits/veggies per day (goal 5 per day)
- Decrease or almost none sugar sweetened beverages
- Offer age appropriate portions
- Other: \_\_\_\_\_

Physical Activity:

- Limit screen time (less than 2 hours per day)
- Increase moderate to vigorous physical activity (1 hour per day)
- Other: \_\_\_\_\_

**Referral to NACC for Childhood Obesity**

Patient is between the ages of 3-6 and has a BMI between 85-94%.