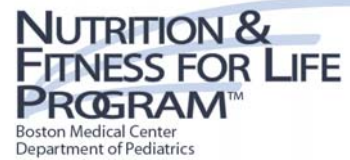




**THE NUTRITION & FITNESS FOR LIFE PROGRAM (NFL PROGRAM)**  
**Pediatric Specialty Group**

Phone: 617-414-6876 Fax: 617-414-3644



*Hi\*5 Way*

Managed Care approvals can be faxed directly to the NFL Fax line at 617-414-3644.

**NOTE: Please attach patient's clinical growth charts, relevant recent labs, and/or a copy of the note from the most recent primary care visit to this referral form. All appointments will be scheduled by the NFL Program or Health Connection staff.**

Date of Submission: \_\_\_\_\_ Name & phone number of person completing form: \_\_\_\_\_

**I. PRIMARY CARE INFORMATION**

Name of Primary Care Physician:	Address:	Phone #:	Fax #:
Primary Care Site:		Pager #:	
		E-mail:	

**II. PATIENT INFORMATION**

First Name:	Last Name:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:	Apt. #:	City:	State: Zip Code:
Home Phone # (including area code):	Other Phone #:	Social Security # (if available):	BMC Medical Record # (if available):
Parent/Guardian (First and Last Name):	Primary language of patient: _____		
Phone Number, if different from above listed #:	Primary language of parents: _____		

**III. REASON FOR APPOINTMENT**

**\*\*THIS SECTION MUST BE COMPLETED\*\***

Date measured: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Body Mass Index (kg/m<sup>2</sup>): \_\_\_\_\_

**DIAGNOSIS:** Abnormal Labs: Presenting problem(s):  Acanthosis nigricans  Hypertension  GI  Diabetes mellitus  Insulin resistance  Other:  Sleep apnea  Other endocrine

For children 6 years and older (circle YES or NO answer):  
 Patient/family has previously been involved in ambulatory weight management efforts with a PCP for 3-6 months. YES NO  
 Patient/family has previously been involved in ambulatory weight management efforts with a nutritionist/dietitian for 3-6 months. YES NO  
**\*\*If NO for either of the statements above, please consider ambulatory weight management prior to referral to NFL.\*\***  
 For children 5 years and under, no prior weight management efforts are requested prior to NFL referral.

*Readiness to Change* :Please indicate your impression of the patient's (P) and family's (F) readiness to make changes next to each statement below..

DIET	PHYSICAL ACTIVITY	READINESS
		Unaware of the problem, is unwilling or discouraged when it comes to changing the problem.
		Recognizes that a problem exists but is ambivalent toward making a change.
		Is committed to making a change in the near future and is on the verge of taking action; trying to gather information.
		Is actively involved in taking steps to change behavior.
		Is working to consolidate gains attained and maybe struggling to prevent relapse.
		Has returned to problem behavior.

**IV. INSURANCE / MANAGED CARE**

Managed Care Contact at Primary Care Site Name:	Phone:	Fax:
Patient's Insurance Type:	Patient's Insurance Policy #:	Phone Number for Insurance Agency:
Name of Subscriber/Guarantor for insurance (name of person who is responsible for the insurance):		
If available, please provide the Social Security # or Date of Birth for subscriber/guarantor:		

**V. AUTHORIZATION**

Authorization Number:	Date of Authorization:	# Of Visits Authorized:
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Referred patients should meet the referral criteria below:

Eligibility Characteristic	Secondary Prevention		Treatment
	0.5 to 1.9 years	2 – 5.9 years	6 to 18 years
Weight Measures	<p><b>Weight-for-length</b></p> <p>≥95<sup>th</sup> percentile</p> <p>AND/OR</p> <p><b>Crossing weight-for-age percentiles</b></p> <ul style="list-style-type: none"> <li>• from 50<sup>th</sup> to greater than 75<sup>th</sup></li> <li>• from 75<sup>th</sup> to greater than 90<sup>th</sup></li> <li>• from 90<sup>th</sup> to greater than 95<sup>th</sup></li> </ul>	<p><b>BMI-for-age</b></p> <p>≥95<sup>th</sup> percentile</p> <p>OR</p> <p><b>BMI &gt;22 kg/m<sup>2</sup></b></p>	<p><b>BMI-for-age</b></p> <p>≥95<sup>th</sup> percentile</p>
Prior Attempts to Manage Weight	N/A		At least <b>6 months</b> trial with PCP & then <b>3-6 months</b> work with outpatient RD/nutritionist
Readiness to Change	Parent/guardian in preparation or action		<p><b>For a child ≤12 y:</b> Parent/guardian is in preparation or action</p> <p><b>For a teenager:</b> S/he is in preparation or action</p>