SCHOOL OF MEDICINE
DEPARTMENT OF PEDIATRICS

HEALTHY & FIT CHILDREN'S CLINIC (REFERRAL FORM)

REFERRAL DATE: _____

- **ONLY PRIMARY CARE PROVIDERS CAN REFER**
- Prior Authorization must be included to process the request
- Patient must be between 2-17 and BMI must be ≥85% to qualify for an evaluation
- Copy of growth charts must be included
- Copy of labs within the previous 6 months

PRIMARY CARE PROVIDER CONTACT INFORMATION:
Provider Name:_____
Address:_____
Phone/Fax:_____

TYPE OF SERVICE REQUESTED:
❑ Consult, treatment and follow-up **(**6 visits)
❑ Can the patient see other UNMH Specialists if needed? ❑ **Yes** ❑ **No**

PARENT & INSURANCE INFORMATION:
Parent Name:_____ Phone:_____
Patient Insurance:_____
Spanish Speaking? ❑ **Yes** ❑ **No**

PATIENT INFORMATION: *Incomplete forms cannot be processed and will be returned.*

Patient Name:_____ DOB:_____
Age:_____(must be 2-17 years)
Weight:_____ kg/lbs Height:_____ cm/in BMI:_____ BMI %:_____
Is BMI ≥85%? ❑ **Yes** ❑ **No** (BMI must be ≥85% to qualify for an evaluation)
Diagnosis:_____
_____

BLOOD PRESSURE: (most recent 3 Blood Pressure measurements)
BP: _____ Date: _____
BP: _____ Date: _____
BP: _____ Date: _____

Were 5-2-1-0 Lifestyle MESSAGES from *letsgo.org* discussed with the Patient/Family? ❑ Yes ❑ No

LABORATORY DATA: (within the last 6 months) ❑ **Yes** ❑ **No**
❑ Fasting lipid panel ❑ Fasting glucose ❑ HgbA1C ❑ AST ❑ ALT ❑ Vit D Screen
❑ Sleep Study ❑ Other

Mailing Address:
MSC 10 5590
1 University of New Mexico
Albuquerque, NM 87131-0001

Healthy & Fit Children's Clinic
Phone (505) 272-5348 Fax (505) 272-8180

Location:
1127 University Blvd NE
Albuquerque, NM 87102

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Thanks for your interest in the Healthy & Fit Children's Clinic. Before faxing the referral, please review the following checklist:

- ❑ Must be referred by the **Primary Care Provider**
- ❑ Referral form is complete
- ❑ Patient is between age 2-17
- ❑ BMI is ≥*85%*
- ❑ Prior Authorization is included
- ❑ Copy of growth charts are included
- ❑ Copy of labs within previous 6 months are included

Clinic brochure can be downloaded at this website:
http://hsc.unm.edu/health/patient-care/pediatrics/primary-care/index.html

Please fax your referral to **(505) 272-8180**

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