

CENTER FOR HEALTHY WEIGHT

*You can register for Stanford Children's Health MD Portal (https://mdportal.stanfordchildrens.org) to submit referrals and track appointments online.
Medically URGENT/PRIORITY - call Referral Center to expedite: (800) 995-5724 Routine

Referring Provider

Referring MD/NP/PA: last name first name telephone fax

Please indicate your relationship to the patient: PCP Other (specialty):

Form completed by: Date: (mm/dd/yyyy)

Select the Appropriate Clinic/Program

Pediatric Weight Control Program (Family-based Group Program)
NO REFERRAL NEEDED. Patient/parent can call directly to enroll (650) 725-4425
Weight loss management (BMI must be >= 95% or >= 85% with a comorbidity)
6 month weekly family group sessions promoting lifestyle/behavior changes
Children 8-12, Adolescents 13-15 (Groups in English and Spanish)

Nutrition Clinic (self pay)
Dietitian/Nutritionist (RDN) consultation
Individualized nutritional treatment
Needs a REFERRAL from PCP

Pediatric Weight Clinic
Multidisciplinary consultation
Individualized medical and nutritional treatment
BMI must be >= 99% or >= 95% with comorbidities
Needs a REFERRAL from PCP

Adolescent Bariatric Surgery Program
Multidisciplinary evaluation
Individualized medical/surgical and nutritional treatment
BMI must be >= 40 or >= 35 with major comorbidities
Needs a REFERRAL from PCP

Reason for visit: New Patient Consultation 2nd Opinion Transfer of Care Procedure/Surgery

Referral Diagnosis (Required):

ICD10 (Required): Letter Number Letter or Number (min 3 & max 7 characters)

Patient BMI information (required)

Recent Height: cm in Weight: kg lbs Date of measurements:
BMI = BMI percentile = Sex =

Major Comorbidities:

- Diabetes type 2
Moderate to severe OSA (apnea-hypopnea index >15)
NASH (nonalcoholic steatohepatitis)
Pseudotumor cerebri

Minor Comorbidities:

- Hyperinsulinemia Metabolic syndrome Vit D deficiency Depression Dyslipidemia
Hyperglycemia Mild OSA Snoring Poor self esteem
PCOS (polycystic ovary syndrome) Insulin Resistance
Hypertension Pre-diabetes Hyperandrogenism
Glucose Intolerance SCFE (Slipped capital femoral epiphysis)
Anxiety Distorted peer relationships

Bariatric Surgery

- Exclusion Diagnoses: Severe cognitive disability
Syndromic obesity
Prader-Willi syndrome

Please fax all relevant clinical documents (i.e. clinic notes, history and progress notes, medication history, growth charts-height and weight, head circumference, labs, diagnostic reports and a copy of the insurance card)

If the patient does not meet criteria above, patient will be offered a Nutrition Clinic visit

Required Patient Information

Female Male Stanford Children's Health Medical Record:

Interpreter required for either patient or parent/guardian? Yes No

patient language parent/guardian language

last name first name middle name

Date of Birth: Age:

Patient's Address: City/State/Zip:

Patient's Phone: Alternate Phone:

Guardian Name: Guardian Relationship:

Insurance Information

PLEASE INCLUDE A LEGIBLE COPY OF THE INSURANCE CARD (BOTH SIDES), AND AUTHORIZATION IF REQUIRED.

Self Pay Guarantor same as Subscriber? Yes No Guarantor: (person financially responsible for patient)

Guarantor Relationship: Guarantor DOB:

Authorization Required: Yes No #Visits Authorized: Auth#:

Authorization Expiration Date: