

POWER Referral Form

Rigid inclusion/exclusion criteria have not been set for POWER Clinic. Guidelines for referral: between ages 2 and 18, with a BMI >95%ile for age/sex adjusted norms or a BMI >85% with complications associated with obesity. Overall, we request your judgment in determining if the child needs to be referred to a tertiary care center intensive program.

EVERY BLANK OF THIS FORM MUST BE COMPLETELY FILLED OUT AND LEGIBLE

REFERRAL INFORMATION				
Today's Date		Time		Referring MD
Patient Name				Referral Phone
S.S.# if available				Referral Address
DOB		Sex		Referral Fax
MRN				Diagnosis POWER
CONTACT INFORMATION				
Parents Name				Home Phone
Address				Cell Phone
				Work Phone
CLINICAL INFORMATION				
Date	Height	Weight	BMI	Additional heights, weights, BMI
Labs in last 4 months? Yes <input type="checkbox"/> No <input type="checkbox"/>		Labs:		Faxed tests/labs/growth charts Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you recommend this child participate in physical activity?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, are there any exercises you would not recommend for this child?				
INSURANCE INFORMATION				
Please fax insurance info/copy of card or complete below				Card faxed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary Insurance				Secondary Insurance
Policy Holder				Policy Holder
Policy/ID#				Policy/ID #
Group/Plan #				Group/Plan #
Contact Number				Contact Number
Referral #/Auth				Referral #/Auth
Medicaid Number				Type of Medicaid
Medicaid Auth				
Comments: Please attach any recent blood work, height and weight, and growth chart that you may have on the patient.				
For internal use only:	Packet sent	Packet received	Contact family	
				Appt date/time THURS 7 am <input type="checkbox"/> 8:30 <input type="checkbox"/>

Thank you for your referral into POWER. **To complete the referral, please fax this form back to our office at 317-948-5766. Upon receipt of the referral, the patient will be contacted by the POWER team to schedule an initial visit and sent an intake questionnaire. At the time of the initial visit, your office will be made aware of the patient start date and progress throughout the clinic.**