



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 lets go.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) 925-4168

Location:
1127 University Blvd NE
Albuquerque, NM 87102



SCHOOL OF  
MEDICINE  

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DEPARTMENT OF PEDIATRICS

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) 925-4168**

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