

Brenner FIT[®] Referral Form

Patient Information

Patient: _____
 Last Name First Name

DOB: _____ **MRN:** _____

**Parent/
Guardian:** _____
 Last Name First Name

Address: _____

City: _____ **State:** _____ **Zip:** _____

**Primary
Phone:** _____ **OK to text:**

**Secondary
Number:** _____ **OK to text:**

**Parent
Email:** _____

**Preferred
Language:** _____ **Needs Interpreter?**

**Patient
Height:** _____ in/cm **Patient
Weight:** _____ lbs/kg

BMI: _____ kg/m² _____ %ile

Referring Provider Information

**Date of
Referral:** _____

**Provider
Name:** _____
 Last Name First Name

**Provider
Specialty:** _____

**Provider
Email:** _____

**Practice
Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Fax: _____

What qualifies a patient? 2-18 years old & BMI ≥ 95%ile

It is recommended they check with their insurance provider to ensure obesity and/or weight management is a covered service.

Please check all that apply and give values, and/or fax all laboratory values available.

Co-morbidity	Lab Value	Normal Value	Date Obtained	Additional Co-morbidities
<input type="checkbox"/> Hypercholesterolemia	_____ Total Chol	<200mg/dL	_____	<input type="checkbox"/> Acanthosis Nigricans
<input type="checkbox"/> Dyslipidemia	_____ HDL	>40mg/dL	_____	<input type="checkbox"/> Sleep Apnea
<input type="checkbox"/> Hyperlipidemia	_____ LDL	<130mg/dL	_____	<input type="checkbox"/> Pseudotumor Cerebri
<input type="checkbox"/> Hypertriglyceridemia	_____ Trig	<130mg/dL	_____	<input type="checkbox"/> Blount's Disease/SCFE
<input type="checkbox"/> Pre-diabetes (Hbga1c 5.7%-6.4%)	_____ HbA1c	<5.7%	_____	<input type="checkbox"/> Asthma
<input type="checkbox"/> Type 2 Diabetes	_____ Fasting Glc	<100mg/dL	_____	
<input type="checkbox"/> Elevated LFTs / NAFLD / NASH	_____ AST		_____	
	_____ ALT	≤ 60 U/L	_____	
<input type="checkbox"/> Hypertension (Systolic or diastolic BP > 90th%ile on 3 readings)	Reading 1: _____		_____	
	Reading 2: _____		_____	
	Reading 3: _____		_____	

FAX Referral Form to: 336-713-7841

QUESTIONS?

EMAIL: Brennerfit@wakehealth.edu
 CALL: 336-713-BFIT (2348)



**Atrium Health
Levine Children's**