



A part of the Willis-Knighton Physician Network

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WK Wonder Kids Program Referral

*A Specialized Multidisciplinary Program with Behavior, Lifestyle, and Medical Management
of Unhealthy Weight in Children Ages 2-18*

Margaret Crittell, MD, FAAP • Monica Haynes, MD, FAAP • Lakesha Mosley-Davis LPC-S • Sharon Frlot, RD

Referring PCP

Primary Care Provider Name: _____

PCP Office Address: _____

PCP Phone: _____ PCP FAX: _____

Signature of PCP: _____

Patient Information:

Patient Name: _____

Date of Birth: _____ Gender Identity: _____

Address: _____

Guardian Name: _____ Guardian Relationship: _____

Phone Number: _____

Insurance Information (copy of insurance card)

Clinical Information:

BMI ≥ 95% BMI ≥ 85% with comorbidities:

Check all that apply:

<input type="checkbox"/> Anxiety	<input type="checkbox"/> Metabolic Syndrome
<input type="checkbox"/> Depression	<input type="checkbox"/> Obstructive Sleep Apnea
<input type="checkbox"/> Type 2 Diabetes	<input type="checkbox"/> PCOS
<input type="checkbox"/> Dyslipidemia	<input type="checkbox"/> Pre-Diabetes
<input type="checkbox"/> Fatty Liver	<input type="checkbox"/> Pseudotumor Cerebri
<input type="checkbox"/> Hyperinsulinemia	<input type="checkbox"/> SCFE
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Vit. D Deficiency
<input type="checkbox"/> Insulin Resistance	<input type="checkbox"/> Other
<input type="checkbox"/> Joint Pain	

Required Labs: 12 hour Fasting Lipid Profile, 12 hour Fasting Plasma Glucose or HgbA1C, ALT, TSH, Vit. D

Please fax all relevant clinical documents (clinic notes, medication history, growth charts, labs diagnostic reports and a copy of the insurance card).

Patient interested in COACH study