



*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 Frilot, 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  $\geq$  95%

☐ BMI  $\geq$  85% with comorbidities:

### Check all that apply:

☐ Anxiety

☐ Metabolic Syndrome

☐ Depression

☐ Obstructive Sleep Apnea

☐ Type 2 Diabetes

☐ PCOS

☐ Dyslipidemia

☐ Pre-Diabetes

☐ Fatty Liver

☐ Pseudotumor Cerebri

☐ Hyperinsulinemia

☐ SCFE

☐ Hypertension

☐ Vit. D Deficiency

☐ Insulin Resistance

☐ Other

☐ 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