

# REFERRAL FORM

## Momentum Program



### Patient Information

Name:	Phone #:
Mailing Address:	Parent/Guardian Name:
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	D.O.B.:
Referring Physician:	Health Card #:
Family Physician:	
Medications:	

### Anthropometry

Date Assessed:				
Height:      Weight:      Age:      BMI:      BMI-Age-Percentile:				
<b>*Please refer to WHO Growth Chart (provided).</b>				

### Entry Criteria

- Child's weight for height (BMI) is above the 90th percentile without significant weight related medical conditions
- Child's weight for height (BMI) is above the 90th percentile with significant weight related medical conditions:  
**(check all that apply and include pertinent lab results/medical imaging)**
- Pulmonary (Dyspnea, Asthma, Sleep Apnea, Reactive Airway Disease)
- Cardiac (High Blood Pressure, Atherosclerosis, Hyperlipidemia)
- Gastrointestinal (Gallstones, GERD, Barrett's Esophagus Polyphagia Hernia)
- Endocrine (Diabetes, Menstrual Irregularity, Hyperlipidemia, Hypercholesterolemia, Polycystic Ovarian Syndrome)
- Genitourinary/Reproductive (frequent urinary tract infections, stress urinary incontinence, irregular menses)
- Musculoskeletal (Osteoarthritis of weight bearing joints, degeneration of knees and hips, disc herniation, chronic back pain)
- Skin (Acanthosis nigricans, striae and difficulty with hygiene)
- Mental Health (Depression, Anxiety, Bullying, Self-Esteem, Body Image)
- Nutrient Deficiencies

**Exclusion Criteria : Anorexia Nervosa, Bulimia Nervosa, Type 1 Diabetes**

**Fax to: 519-491-2371**

**For more information contact: Rapids Family Health Team at 519-339-8949**