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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 Crittall, MD, FAAP • Monica Haynes, MD, FAAP • Arien Ward, PsyD • Sharon Frilot, RD, LDN

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:

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 (fasting only required for patients ≥ 10 years old)

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