Children's Wisconsin

NEW™ Kids
Triage Referral Form

PATIENT LABEL

Phone: 414-607-5280 Fax: 414-607-5288

Date: _____

Thank you for referring your patient to the NEW ™ Kids at Children's Wisconsin. Please fax this form to 414-607-5288 along with recent clinic note, lab values and growth chart. Once verified, a Children's representative will contact the family within 7 days to schedule an appointment in the NEW Kids clinic.

Patient information

Patient Name: _____
Date of Birth: _____Language: _____
Parent/Guardian Name: _____
Patient Address: _____
_____
Home Phone Number: _____
Work/Cell Number: _____
Insurance Carrier: _____

Referring Provider Information

Provider Name: _____
Provider Address: _____
_____
_____
Phone Number: _____
Fax Number: _____

***BMI for Age MUST be at or greater than 85%ile or Z score 1.03**

Date of Measurement: _____ Height: _____ Weight: _____ BMI: _____ BMI %ile or Z score: _____

***The patient MUST have one of the co-morbidities listed below or abnormal lab result in a category below to qualify for our program. Fasting lab values must be received with this referral.**

Date of fasting labs:_____

Total Cholesterol: _____ <170 mg/dL
LDL Cholesterol: _____ <110 mg/dL
HDL Cholesterol: _____ >35 mg/dL
Triglycerides: _____ <125 mg/dL

Glucose: _____ <100 mg/dL
HA1C: _____ **<5.7%*****
AST: _____ <50 u/L
ALT: _____ <35u/L

*****If the HA1C is 6.5% or higher, call physician consultation line 414-266-2460 and ask for the Pediatric Endocrinologist on call.**

☐ Polycystic Ovarian Syndrome (PCOS)
☐ Non-alcoholic Steatohepatitis (NASH)
☐ Non-alcoholic Fatty Liver Disease (NAFLD)
(Date of liver biopsy showing NAFLD/NASH _____)
☐ Hypertension (3 abnormal readings _____ _____ _____)

☐ Blount's Disease
☐ Pseudotumor Cerebri
☐ Slipped Capital Femoral Epiphysis (SCFE)
☐ Sleep Apnea (Date of sleep study _____)

Additional pertinent medical history:

OFFICE USE ONLY

Date Received: _____ Date of Appointment: _____Provider: _____
Referral denied reason:

Any additional comments:

APPLY DT BARCODE STICKER
MD Referral Accepted DT 346
MD Referral Denied DT 9901

PRINT SAVE AS EMAIL RESET