



Children's Hospital of The King's Daughters

Healthy You

Pediatric Weight Management Program

Referral check list:

____ Physician prescription form

____ Insurance authorization for: registered dietitian,
physical therapist, mental health screen with LCSW

____ Copy of patients' insurance card

____ lab work (done within last 3 months)
CMP, GGT, Lipid profile, CBC, Free testosterone
if hirsute or menstrual dysfunction

Please fax all the above to the
Healthy You clinic at (757) 668-7809

Questions? Call 668-7035