Physician Referral Form - Henry Ford Health System Metabolic Health and Weight Management

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Shelby Medical Mall	**West Bloomfield Hospital**	**Wyandotte Hospital**
50505 Shoenherr Rd.	6777 West Maple Road	3333 Biddle Avenue, Suite C
Shelby Charter Towhship, MI 48315	West Bloomfield, MI 48322	Wyandotte, MI 48192
(586) 323-4800-office	(248) 325-1355-office	(734) 285-7420-office
(586) 323-4803-fax	(248) 325-3187-fax	(734) 285-7386-fax

*Providers may alternatively submit an order through Epic, in lieu of completing this hard-copy form. Search for the Center for Metabolic Health and Weight Management to refer the patient to one of the programs above.

Patient: Please complete the following **General Information section** of the form and give to your physician. Ask your physician's office to fax the completed form to our office listed above.

Name: ______________________________ Date: ____________
Address ____
City: ________________________ State: ________ Zip: ________
DOB: ___________ Preferred Contact Phone: ____________________

To be Completed by Physician or non-physician designee
Physician Name: ____________ Address: _________________________
Phone: __________________ Fax: ____________________________

Referral for Metabolic Health and Weight Management Intervention is Appropriate and Considered Medically Necessary:

- ☐ BMI 25 - 29.9 (E66.3)
- ☐ BMI 30 - 39.9 (E66.09)
- ☐ BMI over 40 (E66.01)
- ☐ Hypercholesterolemia (E78.5)
- ☐ Insulin Resistance/Metabolic syndrome (E88.81)
- ☐ Fatty Liver Disease (K76.0)
- ☐ Hypertension (I10)
- ☐ Pre-Hypertension (R.03)
- ☐ Type 2 Diabetes Mellitus (E11.9)
- ☐ Prediabetes (R73.03)
- ☐ Chronic Kidney Disease (N18.9)
- ☐ Other:

Please provide appropriate Physical Activity and Nutrition clearance below:
Our program team will work with your patient to design a nutrition and physical activity plan that fits their needs and abilities. Please indicate any restrictions.

☐ Physical activity restrictions: ____
☐ Dietary restrictions: ____
☐ I do not advise this patient uses protein-rich meal replacements or nutrition products

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If Medical History is available in EPIC, check here: ☐ Date: _______
Height: __________ Weight: ____________ Systolic: _____ Diastolic: _____
Lab Results (if applicable)
Fasting Blood Glucose or A1C: _______________ Date: __________
Total Cholesterol: _______________ Date: __________
LDL-Cholesterol: _______________ Date: __________
HDL-Cholesterol: _______________ Date: __________
Triglycerides: _________________ Date: __________
Thyroid: ____________________ Date: __________
☐ Patient needs bloodwork

Henry Ford Health System Center for Metabolic Health and Weight Management

Medical History

Condition				Condition			
Hyperlipidemia	Yes	No	□ Under Control	Sleep Apnea	Yes	No	□ Under Control
Gall Bladder Disease	Yes	No	□ Under Control	Cardiovascular Disease	Yes	No	□ Under Control
Asthma	Yes	No	□ Under Control	Arthritis	Yes	No	□ Under Control
Thyroid Condition	Yes	No	□ Under Control	GI Disorders	Yes	No	□ Under Control
Liver Disease	Yes	No	□ Under Control	Cancer	Yes	No	□ Under Control
Other							□ Under Control

Psychosocial History

Condition				Condition			
History of depression	Yes	No	□ Under Control	Low self-esteem	Yes	No	□ Under Control
Family problems	Yes	No	□ Under Control	Eating disorder	Yes	No	□ Under Control

Does the patient currently Smoke? YES NO □ Smoking Cessation Plan in Place

Known potential barriers to lifestyle changes (ex: Home stress, work stress, behavioral health):
____
____

Current Medications with dosages or attach list (not necessary if provided in EPIC):
____
____

If patient is currently taking oral or injectable hypoglycemic or anti-hypertensive (including diuretic) medications, please indicate when you would prefer they follow up for adjustment as their metabolic health improves.

2 weeks 1 month 3 months 6 months PRN Other: ________________

Other preferred protocols or preferences: ____

Physician Signature: ____ Date: _____________________

After receiving this completed referral, the selected Center will contact the patient to provide next steps for how to enroll in the program.

We look forward to partnering with you and your patient,

The Metabolic Health and Weight Management Team