



Culinary Kids HEALTHier U

Children's Heart Center Referral

Children Only

Referring Physician: _____ Phone: _____ Fax: _____

Office Address: _____

Culinary ID# _____

Patient First Name: _____ Last Name: _____

Patient Date of Birth: _____ Sex: ☐ M ☐ F Language: _____

Patient Address: _____

Patient phone #: _____ Weight: _____ BMI: _____

Waist Circum: _____ BP: _____ HDL: _____ TC/HDL Ratio: _____

Glucose (if applicable - results within past 6 months acceptable): _____

Cholesterol: _____

Diagnosis for Medical Nutrition Therapy Services

☐ Overweight (BMI \geq 95th percentile for age) ☐ Other: _____

☐ BMI \leq 95th percentile but at risk for
Chronic Disease (list disease): _____

Pediatric Cardiologists:

William N Evans, MD
Kathleen A Cass, MD, PhD
Gary A Mayman, MD
Katrinka T Kip, MD
Ruben J Acherman, MD
Abraham Rothman, MD
Carlos F Luna, MD
Joseph M Ludwick, MD
Alvaro Galindo, MD
Robert C Rollins, MD
William J Castillo, MD
Vincent C Thomas, MD
Nitin Madan, MD

Children's Heart Center Nevada Location

3006 S Maryland Pkwy, Ste 690
Las Vegas, NV 89109

For Appointments

Phone: (702) 732-1290

**Give copy to patient, fax this form to Childrens Heart Center at (702) 792-2230
& Culinary Health Fund Advocacy Department at (702) 691-5620**