



HEALTHier U
Children's Heart Center Referral
Children Only

Referring Physician: _____ Phone: _____ Fax: _____

Office Address: _____ HRA Date Completed: _____

Culinary ID# _____

Patient First Name: _____ Last Name: _____

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

Patient Address: _____

Weight: _____ BMI: _____ Waist Circum: _____ BP: _____

Diagnosis for Medical Nutrition Therapy Services

- | | |
|--|---|
| <input type="checkbox"/> 278.00- Obesity NOS (BMI 30-39.9) | <input type="checkbox"/> BMI <30 but at risk for Chronic Disease
List disease: _____ |
| <input type="checkbox"/> 278.01- Obesity Severe (BMI>40) | <input type="checkbox"/> Other: _____ |

Pediatric Cardiologists:

William N Evans, MD
Kathleen A Cass, MD, PhD
Gary A Maysan, 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

Appointments

Phone (702) 732-1290
Fax

**Give copy to patient, fax to Childrens Heart Center &
Culinary Health Fund Wellness Dept. at (702) 691-5620**