



# Childhood Healthy Habits Nutrition Therapy Request Form

Upper Peninsula Health Plan (UPHP) Childhood Healthy Habits (CHH) program is for children aged 2-17 with a body mass index equal to or above the 95th percentile. All UPHP members qualify for two nutrition therapy visits per year. Members enrolled in the CHH program have the opportunity for an additional 15 nutrition therapy visits with prior authorization. To request prior authorization for this service, please fill out the information below.

### Step 1: Provider Information

Referring Provider/RD:

Phone: Fax: Office Contact Name:

### Step 2: Member Information

Member Name: DOB: Age:

Parent/Guardian: Best Contact Number:

Member Weight: Member Height: Member BMI:

Reason for Referral:

Does the patient have a diagnosis or symptoms of: diabetes, hypothyroidism, digestive disorders, gallbladder disease, obstructive sleep disorders, weight-related orthopedic problems, depression and/or anxiety, or other mental health concerns?

Is there a positive family history of diabetes, obesity, or cardiovascular disease?

Is there patient or parental concern regarding weight, dietary patterns, physical activity level or sleep patterns?

Has the patient had any of the following testing done? Lipid panel, AST/ALT, diabetes screening.

Notes:

### Step 3: Fax Form, Progress Notes, and Labs(Hgb A1C, Lipid Panel) to UPHP Nurse Coordinator

Please fax information to **1-906-225-9256**. Call Chelsea at UPHP at **(906) 225-1127** with any questions.