

Dear Parent,

Enclosed is the new patient information packet for the **Weigh Smart**®Program. The New Patient Information form, Parent Report of the Peds QL form, Parent Report of the Questionnaire of Eating and Weight Patterns (QEWP) are for the parents to fill out. Please have your child complete the Peds QL for patient, Self-Report for the Questionnaire of Eating and Weight Patterns, the Modifiable Activities Questionnaire and the food and exercise logs from the New Patient Information form, with your assistance if necessary. Please have your pediatrician fax the lab results, referrals and any growth charts or clinic notes to us as well. **Fasting** (nothing to eat or drink for 8 hours before getting blood drawn) lab work needed: Fasting lipid panel, hemoglobin A1C, insulin, glucose, AST and ALT.

These are the codes for your doctor.

<u>Lab Test</u>	<u>LabCorp Code</u>	<u>Quest Code</u>
a. Serum lipid panel	303756	968T
b. Blood glucose	001032	67777W
c. Insulin	004333	561X
d. Hemoglobin A1C	001453	45484R
e. AST	001123	19208W
f. ALT	001545	17426R

Please send it back to us at:

Mt. Washington Pediatric Hospital
Weigh Smart™ Program
1708 West Rogers Avenue
Baltimore, MD 21209

You may also choose to fax them to us: 410-578-2654.

Please be sure that you have all the forms to return:

- New Patient Screening Form /Food and exercise logs
- Modified Exercise Questionnaire
- PEDS QL parent PEDS QL Child/Teen
- QEWP parent (teens only) QEWP Teenager (teens only)
- Fasting blood work results from your child's pediatrician. (May be faxed to us at 410-578-2654).

Once we receive the completed packet back, we will call you to schedule the evaluation appointment. Please note, new patient appointments take approximately 2-3 hrs. We can provide notes for school or work absences if needed. Thank you.

Debbie Fike
Program Analyst
Weigh Smart™ Program
410-578-5343