



## HEROES Program

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Is your child struggling with weight management? The Healthy Eating with Resources Options and Everyday Strategies (HEROES) Program at Children's Hospital and Medical Center can help.

HEROES is the only medically managed program in the area with a multi-specialty team of experts ready to assist your family in making healthier lifestyle choices. HEROES is not a diet program. Our focus is medical weight management. In some cases, that may mean helping your child lose weight. In other cases, it may mean stabilizing your child's weight gain to let their height catch up. Either way, our team of experts will help your family to plan and maintain healthy lifestyle changes that you can stick with for the long term.

We do more than just help your child achieve a healthier body weight. Even patients who are unable to successfully meet weight loss or weight maintenance goals will benefit from receiving diagnosis and treatment for weight-related illnesses (or comorbidities).

## Referral Process

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### STEP 1: HAVE YOUR DOCTOR REFER YOUR CHILD TO HEROES

Provider referrals to either of our HEROES locations should be faxed to us at 402-955-4078 or, for referrals by providers within the Children's system, submitted via the electronic medical record.

### STEP 2: SCHEDULE A HEROES INFORMATIONAL MEETING (REQUIRED)

Once we have received a completed referral form, our staff will contact the listed parent(s)/guardian(s) with an invitation to attend an informational meeting about our program. Children are welcome at the meeting but their attendance is not required.

**If our staff is unable to contact you, we will notify the referring provider and keep your referral on file for one calendar year. If you don't hear from us and would like to get started, please call us at 402-955-4080 and press 1 for scheduling.**

We offer the parent meetings on the first Tuesday of the month at 5:30pm in Omaha or Lincoln or at 6:00 in Omaha for Spanish speaking families\*.

*\*Ask us about special accommodations that may be available for long distance or non-English-speaking families*

### STEP 3: DECIDE IF HEROES IS RIGHT FOR YOUR FAMILY

The informational meeting will offer an overview of our program and expectations for families who choose to participate. At the end we will allow time for questions and an opportunity to schedule an initial HEROES Clinic appointment.

To find out more, look us up online:

[www.childrensomaha.org/department/weight-management-heroes](http://www.childrensomaha.org/department/weight-management-heroes)

# H.E.R.O.E.S Weight Related Illness Clinic

**PHYSICIAN REFERRAL FORM**

**FAX TO: Omaha 402-955-4078**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent(s)' Names: \_\_\_\_\_

Parent(s)' Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Male  Female

Preferred Language \_\_\_\_\_ Does the family need an interpreter? Yes  No

Physician Completing Form: \_\_\_\_\_ Physician group \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**REQUIRED PATIENT INFORMATION:** *(Necessary in order to accept this referral)*

Recent Height: \_\_\_\_\_ cms Recent Weight: \_\_\_\_\_ kgs. BMI: \_\_\_\_\_

BMI must be greater than 95% or greater than 85% with a co morbidity in order to qualify for this clinic.

**Lab results /diagnostic testing** Please include when faxing the referral form:

- Any labs or test results within the last 6 months

HGB A1C  Chem 14  Fasting Lipid Panel  TSH  Other

Most recent H & P and last clinic note  Immunization Record  Growth Chart

Diagnosis: \_\_\_\_\_ ICD-10: \_\_\_\_\_

**Reason for Referral:**  Obesity  Weight Loss Management  Bariatric

Surgery

Additional information: \_\_\_\_\_

**Type of Service Requested**

Consult and recommend management  Consult and treat  Bariatric Surgery  Evaluation

Follow-up  Other Is family aware of consult for the HEROES Clinic?  YES  NO

**Insurance Information** *Please include a copy of the insurance card if available*

Plan Name: \_\_\_\_\_ ID # \_\_\_\_\_

Group # \_\_\_\_\_ Plan Address: \_\_\_\_\_

Plan Phone Number: ( ) \_\_\_\_\_ Plan Fax Number: ( ) \_\_\_\_\_

**Contact information**

HEROES Clinic, Attn: Nurse Case Manager, Omaha Office Phone 402-955-4080

Lincoln Office Phone: 402-486-1513

**Please Sign**

I certify that I have examined this child and reviewed all test results. I believe that this patient is appropriate for admission into the Children's Hospital & Medical Center HEROES Clinic and does not require hospitalization at this time.

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_