



SANTA CLARA VALLEY MEDICAL CENTER

Pediatric Healthy Lifestyle Center



Better Health for All

SANTA CLARA
VALLEY
MEDICAL
CENTER

Preventing disease by helping families adopt healthy habits for life

About Our Center

The Pediatric Healthy Lifestyle Center's (PHLC) mission is "To provide high-quality, family-centered, community-linked preventive care, lifestyle management and medical interventions for children and youth at risk for Type 2 diabetes and other lifestyle-related conditions." We provide Stage 1 (Prevention) and Stage 2 (Prevention Plus) care as described in The Expert Committee Recommendations Regarding the Prevention, Assessment and Treatment of Child and Adolescent Overweight and Obesity: Summary Report.* Therefore, our intervention focuses on lifestyle modification and not weight loss per se.

*Pediatrics Vol. 120 Supplement December 2007 P. S164-S192.

Who are we?

The PHLC core team consists of pediatricians and registered dietitians who specialize in behavior change and fostering of a healthy relationship with food. In addition, we work closely with licensed clinical social workers who provide mental health counseling services. Because of our innovative approach to patient care, we were recognized in 2008 by the National Public Health and Hospital Institute's Obesity Treatment Programs in Public Health and Hospital Systems, and the California Association of Public Hospitals.

Who do we treat/care for?

The PHLC sees patients 12 months to 18 years old at risk of diabetes and those with lifestyle-related health conditions. All referred patients should be cleared by their physician to participate in physical activity. We do see children with disabilities (e.g. physical, neuro-cognitive).



Primary care providers may refer patients with any of the following lifestyle-associated conditions:

- Overweight (BMI > 85%) or obesity (BMI > 95%) or elevated weight for height in children under 2 years old
- Rapid weight gain
- Family history of diabetes
- Insulin resistance or pre-diabetes
- Abnormal cholesterol or lipid values
- Non-alcoholic fatty liver disease
- Hypertension
- Family that needs help in adopting healthier lifestyle habits

Where do we offer our services?

We are located at Valley Health Center Tully and Valley Health Center Downtown San Jose with once-a-week satellite clinics at Valley Health Centers East Valley, Milpitas, Sunnyvale and Gilroy. We try our best to accommodate patients at the location closest to their home but due to impacted schedules at our satellite centers, we may need to see the family at our home base in Milpitas.

What do we offer?

As part of our program, families are asked to participate in 1-2 group visits focusing on basic nutrition, structured routine and feeding/eating dynamics. They then have individual appointments with our physicians, nurse practitioner or registered dietitians. As part of these visits, patients receive an obesity-focused physical exam, screening for obesity-related diseases, individual counseling on making lifestyle changes, nutrition counseling and referral to sub-specialist care for certain obesity-related conditions (e.g. Obstructive Sleep Apnea). The PHLC has partnerships with community resources to facilitate lifestyle change (e.g. YMCA, Parks and Recreation, parenting classes, home gardening programs, Second Harvest Food Bank).

Most families can complete our core program in 5-8 visits over approximately 9-12 months. At that time, we assess the need for further care within the PHLC and/or Stage 4 referral (e.g. bariatric surgery), and/or transfer back to their medical home for follow-up/continued care. At that time, we will provide a summary document highlighting basic clinical data, PHLC interventions, and the need/recommendations for follow-up care.

What is the referral process?

Santa Clara Valley Health & Hospital System providers may refer to PHLC via the Healthlink system. Medical notes, labs and growth charts should be attached to the electronic referral.

If you are a provider outside the SCVHHS and not referring via Valley Express, please submit the following information via fax to the SCVHHS Authorization Center at (408) 793-1892 or (408) 885-3535:

- SCVHHS referral form (clinical information form)
- SCVHHS referral registration form (demographic/insurance form)
- Copy of insurance or medical card
- Most recent progress note
- Growth charts
- Lab results
- Authorization from insurance company/HMO

Outside referrals take 1-2 weeks to process. Please provide patients with the PHLC patient handout and have them call the PHLC for an appointment 2 weeks after the referral has been faxed.

How to contact PHLC?

Call (408) 957-8601 for more information or to obtain referral forms.



DO YOU HAVE QUESTIONS ABOUT Your Child's Health and Eating Habits?



We Can Help if Your Child or Teen:

- Has a family history of diabetes
- Has an increased risk of developing diabetes
- Has abnormal cholesterol or lipids
- Struggles to eat healthy foods
- Sneaks foods or skips meals
- Refuses vegetables or fruits
- Does not eat the foods you prepare
- Is not physically active
- Needs help adopting a healthy lifestyle

For more information and referral
Call 408-957-8601
Pediatric Healthy Lifestyle Center

Better Health for All



¿TIENE USTED PREGUNTAS ACERCA DE LA SALUD de su niño y de sus hábitos para comer?



Nosotros podemos ayudar si su niño o adolescente:

- Tiene historial familiar de diabetes
- Corre riesgo de desarrollar diabetes
- Tiene colesterol o lípidos anormales
- Batalla para comer alimentos saludables
- Esconde alimentos y/o se salta las comidas
- Rehúsa comer vegetales y / o frutas
- No come los alimentos que usted prepara
- No es físicamente activo
- Necesita ayuda para adoptar un estilo de vida saludable

Para referencias y más información

Llame al 408-957-8601

Centro Pediátrico de Estilo de Vida Saludable

Una Mejor Salud para Todos



Quý Vị có Câu Hỏi về Sức Khỏe và Thói Quen về ăn Uống của Con Quý Vị?



Chúng Tôi Có Thể Giúp Nếu Con Của Quý Vị:

- Có thân nhân trong gia đình bị tiểu đường
- Có nguy cơ phát bệnh tiểu đường
- Có lượng cholesterol và chất béo bất bình thường
- Không thích ăn uống lành mạnh
- Ăn lén thức ăn hoặc bỏ bữa ăn
- Không chịu ăn rau cải hoặc trái cây
- Không ăn thức ăn do quý vị chuẩn bị
- Không hoạt động thể chất
- Cần giúp để có thể thích nghi với lối sống lành mạnh hơn

Gọi: 408 – 957 - 8601

Trung Tâm Lối Sống Lành Mạnh cho Thiếu Nhi
Để biết thêm chi tiết và được cấp giấy giới thiệu

Sức Khỏe Tốt cho Tất Cả



Guidelines for Referral to the Pediatric Health Lifestyle Center (PHLC)

(Updated by Dr. Charles 05/2017)

Fasting Labs:

- Lipid panel
- Fasting glucose
- HgA1c
- ALT

Patient with a BMI > 85% presents at Well Child or Well Teen Check:

- Review 10 Healthy Steps
- Identify areas where the family needs to make lifestyle changes
- Provide goals for the family to make those changes
- Order fasting labs for all children with a BMI >95% and ≥ 4 years old, and any child with risk factors*:

*Risk Factors for Lipid Screening:

- Primary relative with CVD in males < 55 yo or females < 65 yo
- Parents with TC ≥ 240 or known dyslipidemia
- DM, HTN, BMI > 95%
- Mod - high risk

At follow up:

- Evaluate family's progress with lifestyle changes and their readiness to change
- Identify challenges to change
 - Social/family issues (*consider referral to social work*)
 - Parents separated (*are they both ready to change?*)
 - Mental health/behavioral issues (*consider referral to mental health*)
- Review fasting labs
- Review PHLC program**

Elevated ALT

Management per NAFLD algorithm

A1c ≥ 6.4

Referral to Endocrinology

Family is ready to change their lifestyle habits and are interested in PHLC

Referral to PHLC
Only 2 children per family please

**Please inform families that PHLC is not a weight management clinic and that we focus on lifestyle habits, not weight. And please do not promise any specific resources such as free bicycles or gym memberships, as we cannot guarantee that families will qualify for those

PEDIATRIC HEALTHY LIFESTYLE CENTER (PHLC)

At VHC Tully, East Valley, Gilroy, Bascom

Sunnyvale, Milpitas and Downtown

(408) 817 – 1653

Fax # (408) 793 – 1892

Appointment (408) 957 - 8601



Dear Provider,

Thank you for your interest in referring your patient to *Pediatric Healthy Lifestyle Center* (PHLC). Please complete the *Consultation/Referral* and fax it to Authorization Center with all the requirements below. Incomplete form will be delayed of this referral and patient's appointment.

Please include the following information in your referral:

- ***Routine or Urgent?*** If Urgent, need doctor to doctor communication
- Please complete attached ***Consultant/Referral Form*** and ***Referral Registration Form***
- Current Demographic Information (***if minor, please provide parent's name, date of Birth*** and social security #)
- Progress Notes (pertinent to diagnosis) and ***Growth Charts***
- ***ICD-10 Code(s)***
- ***Reports*** (labs Results of ALT, Lipids panel, Fasting Glucose & Hemoglobin A1C, x-ray, CT scan, ultrasound, mammogram etc.) ***see attached for the Guideline Referral***
- Copy of Insurance Card or Insurance Information
- ***Approved Authorization*** from Managing Agency (Excel, SCCIPA, CAP, etc.)
- Print First & Last name of referring Provider, LIC# & UPIN#; address and phone #.

****Please note that the referral will not be processed until all information is received.
Referrals received incomplete or illegible will be returned. ****

Thanks,

Pediatric Healthy Lifestyle Center

This fax may contain information that is confidential or restricted. It is intended only for the individual named as recipients in the message. If you are NOT an authorized recipient, you are prohibited from using, delivering, printing, copying, or disclosing the message or content to others. If you have received this message in error, please notify the sender by phone or fax.



REQUEST for CONSULT/REFERRAL

Place patient demographic sticker here.

Patient Name _____

Address _____

Phone _____

Medical Record # _____

Financial Class _____

Date _____

ORIGINATING CLINIC

<i>Attending MD - stamped name & signature Resident's name requires Attending stamp & signature</i>	<i>Referring Clinic - stamped</i>

STOP - Information requested above must be complete & legible, or this form will not be processed.

CONSULT (Requesting opinion about a specific problem; requires feedback from consultant to provider initiating consult.)

REFERRAL (Transferring care for a specific problem to another provider.)

requested for

Pediatric Healthy Lifestyle Center (PHLC)

Routine Within One Month

Within Two Weeks ^{*What Specialty*} **Requires prior conversation w/Specialist. Print name of Specialists and date of conversation here.*

ICD 10: 1) _____ 2) _____

3) _____ 4) _____

_____ Date

Specialist's Name

REASON FOR CONSULT / REFERRAL

(ATTACH PROGRESS NOTE & PERTINENT LABS, XRAYs, etc.)

Below this line for Referral Center and Specialist only.

Please Fax Referral with all the listed information below to (408) 793 – 1892

- Current Demographic Information (Face Sheet)
- Progress Notes
- Reports (Labs, X-Ray & etc.)
- Approved Authorization
- Copy of Insurance Card

SANTA CLARA VALLEY MEDICAL CENTER
REFERRAL REGISTRATION FORM
VHP / AUTHORIZATION CENTER
751 S. Bascom Ave San Jose, CA 95128
(408) 817-1653
Fax # (408) 793-1892

PATIENT'S DEMOGRAPHIC INFORMATION: MUST COMPLETE

LAST NAME: _____ *FIRST:* _____ *MIDDLE:* _____
DATE OF BIRTH: _____ *SOCIAL SECURITY #:* _____ *SEX:* M / F
HOME ADDRESS: _____ *CITY:* _____ *STATE:* _____ *ZIP CODE:* _____
HOME PHONE / CELL #: (_____) _____ *BIRTH PLACE:* _____
U.S. CITIZEN: YES / NO *MARITAL STATUS:* _____ *ETHNICITY:* _____ *COUNTY:* _____
RELIGION: _____ *LANGUAGE:* _____ *MOTHER'S MAIDEN NAME (LAST):* _____
ARE YOU EMPLOYED: YES / NO *EMPLOYER NAME:* _____ *OCCUPATION:* _____

INSURANCE INFORMATION: (PPO, HMO, MECI-CAL, & HEALTHY FAMILY OR KIDS)

INSURANCE TYPE: _____ *GROUP #:* _____ *PHONE (____):* _____
I.D. #: _____ *SUBSCRIBER'S NAME:* _____ *DATE OF BIRTH:* _____
EMPLOYER NAME: _____ *OCCUPATION:* _____
INSURANCE BILLING ADDRESS: _____

GUARANTOR'S INFORMATION: MUST COMPLETE

*PARENT'S NAME: ** _____ *RELATIONSHIP: ** _____
SOCIAL SECURITY #: _____ *DATE OF BIRTH: ** _____

EMERGENCY CONTACT PERSON: (DIFFERENT TELEPHONE # FROM PT)

NAME: _____ *RELATIONSHIP:* _____
PHONE / CELL #: (_____) _____

PLEASE FILL OUT THE INFORMATION ABOVE AND FAX IT BACK TO VMC AUTH DEPT. AS SOON AS POSSIBLE.
REGISTRATION FORM MUST BE COMPLETED & RETURN TO VMC AUTHORIZATION DEPARTMENT BEFORE YOUR APPOINTMENT. PLEASE FAX IT TO (408) 793-1892. THANK YOU!

