



Healthy You for Life

Physician Prescription Form

Patient's Name _____ Age _____ Date of Birth _____

Patient/Guardian Name _____ Date of Birth _____

Phone # _____ Cell # _____ Work # _____

Mailing Address: _____

Weight _____ Height _____ BMI _____ BMI% _____ Gender _____ Race _____

How much weight has this patient gained over the past year? _____ MR# _____

Diagnosis (please check at least one of the following but all that apply)

- Morbid Obesity E66.01
- Abnormal Weight Gain R63.5
- Obesity (BMI >95%ile) E66.9
- Excessive Weight Gain R63.5
- Overweight (BMI 85-95%ile) E66.3

Labs Within Six Months YES NO @ CHKD, @ SENTARA, or OTHER _____

Please Initial

_____ Please be aware that you are referring to a pediatric multidisciplinary weight management specialty group for children and teens age two and older. The program includes a physician/nurse practitioner, registered dietician, exercise specialist, and social worker. It is expected that the patient is ready and willing to work with all team members (dependent on age and needs in some patients.) Is the patient/family aware? YES NO

_____ Have you discussed the patient's BMI and your concern for the patient's health as well as the referral to our program and what our program involves? YES NO

_____ In your opinion, is the patient and/or family ready to make changes? YES NO

_____ Please send copies of available growth charts, last well check and any visits related to weight concerns, and labs done in the last two years so we can better care for your patient.

Contraindications to our program include eating disorders, suicidal ideation, or mental illness that would affect participation and patient/family who is not ready for participation. Please refer to appropriate mental health provider and/or outpatient dietician until patient is ready and able to participate in our program.

I certify that the services listed above are all medically necessary.

Physician's Signature _____ Date

Physician's Phone Number _____ Physician's Practice Name (Please print)

This form may be **faxed to (757) 668-7809** or mailed with the program registration form. For questions, please call (757) 668-7957.