

GET UP & GO WEIGHT MANAGEMENT PROVIDER REFERRAL FORM

PLEASE COMPLETE THIS FORM AND FAX TO: 214-456-0194

CHILD'S NAME	PROVIDER NAME AND CLINIC NAME
DATE OF BIRTH	PROVIDER PHONE
CHILD'S STREET ADDRESS	PROVIDER FAX
ADDRESS LINE 2	PARENT EMAIL
CITY/STATE/ZIP	PARENT/GUARDIAN NAME
PARENT/GUARDIAN PHONE NUMBER	RELATIONSHIP TO CHILD
GROUP NUMBER, MEMBER ID	

Select desired program below. (Select both if needed)

Weight Management

Type 2 Diabetes Prevention

Enrollment Criteria for Weight Management and Type 2 Diabetes Prevention:

- Child must be at or above the 85th BMI percentile
- Existing comorbidities must be managed
- Ages 6-14

Consider program below if child has cognitive or adaptive limitations.

Weight Management Program for Children with Developmental Differences (CWDD)

Enrollment Criteria for CWDD:

- Child must have the ability to communicate basic wants/needs verbally
- Child must be comfortable participating in a group setting with peers
- Child must be able to participate in low impact physical activity
- Child must be accompanied by at least one parent or guardian
- Child must be referred by a healthcare provider
- Ages 8-14

<u>Applicable to all Programs</u>
Preferred Language _____
Gender _____
Weight (lbs.) _____
Height (inches) _____
BMI Percentile _____
Existing Comorbidities _____

REFERRAL DISCUSSED WITH PARENT/GUARDIAN?

Yes, referral was discussed and parent/guardian agreed.

No, referral has not yet been discussed with parent/guardian.

REFERRING PROVIDER:

PRINT

SIGNATURE

DATE

ADDITIONAL COMMENTS:

PROGRAM CONTACT INFORMATION

Weight Management 214-456-6312
Weight Management for CWDD 214-456-2362
Diabetes Prevention Program 214-456-2362

