

# 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
GENDER	PROVIDER FAX
CHILD'S STREET ADDRESS	PARENT/GUARDIAN NAME
ADDRESS LINE 2	RELATIONSHIP TO CHILD
CITY/STATE/ZIP	PREFERRED LANGUAGE
PARENT/GUARDIAN PHONE NUMBER	PARENT/GUARDIAN EMAIL
PREFERRED LANGUAGE	INSURANCE, GROUP NUMBER, MEMBER ID

## Select desired program below. (Select both if needed)

### 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

Type 2 Diabetes Prevention

Weight Management

### Consider below programs if child has cognitive or adaptive limitations.

#### Enrollment Criteria for CWDD AND AAFP:

- 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

Weight Management Program for Children with Developmental Differences (CWDD)  
*Nutrition education*

Autism Exercise Fitness Program (AAFP)  
*Teaches basic fitness movements and activities of daily living (ADL)*

### 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

EXISTING CO-MORBIDITIES OR ADDITIONAL COMMENTS:

### PROGRAM CONTACT INFORMATION

214-456-6312  
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Childrens.com/getupandgo