

## 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	
PARENT/GUARDIAN PHONE NUMBER	PARENT/GUARDIAN EMAIL
PREFERRED LANGUAGE	

### 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**
- Teen Weight Loss Support** (for adolescents aged 15-18 with class 2 and 3 obesity)

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

#### Enrollment Criteria for CWDD AND AEFP:

- 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 (AEFP)**  
*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:

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#### PROGRAM CONTACT INFORMATION

214-456-6312  
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Childrens.com/getupandgo

