Certificate of Medical Necessity
Participation in **H**olistic approach to **O**besity **P**revention and **E**ducation
Weight Management Program
Office number: *804 592.4751* ** *FAX: 804 592.4752*

Dear Provider,
The individual (child) listed *MUST* present this Certificate of Medical Necessity, completed in full, to HOPE, prior to participation in the program. It is with your certification, that we will accept this child's entry into the program as they are both medically and psychologically capable in adjusting to a change in healthy lifestyle, Behavioral Health, Nutrition and physical activity program.

Child's Name
Address
City State Zip Code Phone Number
Date of Birth Age ☐ Male ☐ Female Parents Name

Race: Date of last Exam **If yes, please provide copy of the report**

Lab Testing Performed?

Weight Height (In Inches) BMI Percentile ☐ Yes ☐ No

Medical Information

Child's Doctor's Name
Address City
State Zip Code Phone Number Fax Number

Please provide current diagnosis, including mental health (all that apply)

ICD-10 Description ICD-10 Description
ICD-10 Description ICD-10 Description
ICD-10 Description
ICD-10 Description ICD-10 Description

Is the child being treated for any co-morbidities? ☐ Yes ☐ No **If yes, please list**
Is the child on any medications? ☐ Yes ☐ No **If yes, please list**
Does the child have any specific dietary requirements? ☐ Yes ☐ No **If yes, please list**
Please provide any additional information that you feel appropriate

Services Requested: ☐ HOPE pediatric obesity Program: Behavior Health, Nutrition(RD/CNC), Weight Management Training,

Insurance Information (**Please provide a copy of the insurance card**)

Insurance Company
Policy Holder Name
Policy#/ID# Group
Policy Holder DOB Policy Holder SSN

I confirm, after careful medical examination, that there are no medical/psychological conditions that will hinder or generate a health risk for this child during their participation in Holistic approach to Obesity Prevention and Education, LLC program.

Signed By Date

Printed Name:

NPI#

Please fax to 804-592-4752