



## JOIN for ME<sup>SM</sup> Physician Referral Form

JOIN for ME is a program designed to instill healthier habits among children and teens ages six to 17 who are in the 85th percentile or higher for Body Mass Index (BMI).

**Physician:** Please validate that your patient meets program criteria by filling in the fields below.

**Participant:** Please bring this completed form to your first JOIN for ME class.

PARTICIPANT INFORMATION	
Child's Name ( Last / First / MI):	
Date of Birth: (MM/DD/YYYY):	
Parent Name:	
Address:	
Phone Number:	
Child's Current Primary Care Provider Name and Phone Number:	
Date of Exam:	
Height (inches):	
Weight (pounds):	
BMI Percentile (%):	
Health Concerns to Communicate to Class Leader:	

PHYSICIAN INFORMATION	
Physician's Name (printed):	
Address:	
City / State / Zip Code	
Phone Number:	
<b>Date</b>	<b>Physician's Signature</b>

**You may call 1-877-554-3755 with questions.**

The JOIN for ME<sup>SM</sup> program provides information and support. It is not a substitute for your doctor's care. Please talk with your doctor about it. Your personal health information is kept private based on your plan's privacy policy. Some services may not be covered under your benefit plan. Please check your benefits.