

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_ MRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTHY FUTURES PROGRAM-OBSTETRICAL PROVIDER FORM**

Dear Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Your patient would like to participate in **Healthy Futures**, a gestational weight gain management program, offered by the Wake Forest Baptist Health Weight Management Center (WMC). This 24-week multidisciplinary program aims to help women with a BMI ≥30 kg/m2, or a BMI ≥25 kg/m2 and a comorbid condition, to manage their gestational weight gain in accordance with ACOG guidelines. Participants will receive in-person visits with a registered dietitian, exercise specialist, behaviorist, and a medical weight management physician, plus additional post-partum virtual visits with the dietitian and behaviorist.

**In order for your patient to participate in the program**, **we require that you, as her obstetrical provider, indicate that you feel this program is clinically appropriate for her, and that you anticipate no reason why she cannot safely participate**.

Please indicate below whether or not you approve of your patient’s participation in the Healthy Futures program by checking the appropriate box:

□ Yes, I approve of her participation in Healthy Futures. I also understand that the patient’s medical management during the Healthy Futures program will remain with her assigned obstetrical provider.

□ No, I do not approve of her participation in Healthy Futures.

 **Provider Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date/Time**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any special concerns or requests in the box below:

Additionally, please provide the name and phone number of a clinician or other provider at your office to whom our Healthy Futures team may reach out in case any questions arise during the course of the program.

Name of Preferred Contact at Obstetrical Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for considering whether or not your patient could benefit from Healthy Futures. If you have any questions, or should you wish to refer additional patients, please contact us at (336) 716-6099.

**Completed forms can be faxed directly to our Winston-Salem office at (336) 716-5074 or our Greensboro office at (336) 713-7502.**

Sincerely,

WFBH Weight Management Center
Healthy Futures Team