



Certificate of Medical Necessity
Participation in The Faces of Hope Weight Management Program
Office number: 804 592.4751

Dear Provider:

The individual (child) listed *MUST* present this Certificate of Medical Necessity, completed in full, to The Faces of 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, nutrition, physical activity and behavior Health 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? Yes No
Weight Height (In Inches) BMI Percentile

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 <input type="text"/>	Description <input type="text"/>	ICD-10 <input type="text"/>	Description <input type="text"/>
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ICD-10 <input type="text"/>	Description <input type="text"/>	ICD-10 <input type="text"/>	Description <input type="text"/>

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: Faces of HOPE WMT Program: Nutritional (RD/CNC), Weight Management Training, Behavior Health

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 The Faces of Hope Weight Management program.

Signed By _____ Date _____

Printed Name: _____

NPI#

Please fax to The Faces of Hope @ 804-592-4752