

PEIA Weight Management Program

Medical Drop/Release Form



Participant's Full Name: _____

Date of Birth _____ Height _____ Weight _____

Your patient is enrolled in the PEIA Weight Management Program. The key principles of this program include caloric modifications, increased physical activity (aerobic exercise as well as strength training activity), and behavior modification. The major requirements for the participants of the program are:

- To complete monthly check-ins via phone, text or email;
- To know and follow monthly schedule of appointments;
- To pick one facility and exercise 2-3 times per week for the required 10 times per month;
- To cooperate with the monthly measurements;
- To keep a food journal to be reviewed by your facility's staff; and

If you feel the patient is currently unable to continue the program or is ready for release to start back in the program complete the form below. **You or your patient may return this form to the program administration at Weightmanagement@wv.gov**

_____ I am recommending the patient to take a medical drop in the PEIA Weight Management Program for _____ period (Maximum period for a medical is 90 days)

_____ I am recommending the patient needs to drop the PEIA Weight Management Program for a period lasting longer than 90 days.

_____ I am releasing the patient from the previously requested medical drop and clearing them to participate fully in the PEIA Weight Management Program.

Provider's Name and Degree/Credentials (**Print**)

Provider's Phone Number

Provider's Name (Signature)

Date