

TENNESSEE FITNESS SPA

Retreat for Mind, Body, and Soul.

LETTER OF MEDICAL NECESSITY

Filled out by patient:

PATIENT NAME: _____

PATIENT SSN: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

SEX: _____

DOB: _____

PHYSICIAN: _____

PHONE/FAX: _____

This form serves as a letter of medical necessity for the patient listed above in the management and treatment for obesity with other health consequences and co-morbidities. I feel the following are accurate with respect to the above patient engaging in a comprehensive weight loss, wellness, and nutritional education program:

YES	NO
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The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition, or disability related to clinical obesity.

YES	NO
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The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental, or developmental effects of clinical obesity.

Filled out by physician:

Date	Height	Weight	BMI	BMI Classification*														
<table border="1"> <thead> <tr> <th>Classification*</th> <th>BMI</th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td><18.5</td> </tr> <tr> <td>Ideal BMI</td> <td>18.5 - 24.9</td> </tr> <tr> <td>Overweight</td> <td>25.0 - 29.9</td> </tr> <tr> <td>Obese</td> <td>>30.0 - 34.9</td> </tr> <tr> <td>Severely Obese</td> <td>>35.0 - 40.0</td> </tr> <tr> <td>Morbidly Obese</td> <td>>40</td> </tr> </tbody> </table>		Classification*	BMI	Underweight	<18.5	Ideal BMI	18.5 - 24.9	Overweight	25.0 - 29.9	Obese	>30.0 - 34.9	Severely Obese	>35.0 - 40.0	Morbidly Obese	>40			
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Additional Diagnosis of Consequence in Referral to Comprehensive Weight Management Program (Circle all that apply)

Type 2 Diabetes

Mixed Hyperlipidemia

Impaired Glucose Tolerance

Sleep Apnea

Congestive Heart Failure

Coronary Atherosclerosis

Hypertension

Hypercholesterolemia

Other:

Hypertriglyceridemia

Coronary Atherosclerosis

Other:

Physician Comments: _____

Physician's Signature: _____

Date: _____

