

Referral for Pediatric Weight Management Program

Date: [Date]

To: [Program Coordinator's Name]

[Program Name]

[Program Address]

[City, State, Zip Code]

Dear [Program Coordinator's Name],

I am writing to refer [Child's Full Name], a [Child's Age] year old child, for the Pediatric Weight Management Program at your facility. [He/She/They] has been struggling with weight management and associated health issues, including [list any relevant health issues or concerns].

[Child's Name] has been under my care since [date], and despite efforts to manage [his/her/their] weight through [explain previous interventions, if any], [he/she/they] has not achieved significant progress.

Given [his/her/their] current challenges, I believe that a structured program focusing on nutrition, physical activity, and behavioral support would be highly beneficial. I have discussed this referral with [his/her/their] parents, and they are fully supportive of seeking additional help.

Please find attached the relevant medical records and any other information that may assist in the evaluation of [Child's Name].

Thank you for your attention to this matter. I am looking forward to your guidance and support for [Child's Name] in this program.

Sincerely,

[Your Name]

[Your Title]

[Your Practice/Organization]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]