



"LET FOOD BE THY MEDICINE,
AND MEDICINE BE THY FOOD."

-Hippocrates

Bring this form completed by your doctor to your first health coaching session to pay with your Health Savings Account (HSA).

Patient Name

Date of office visit

Date of Birth

_____ **yes** **no**
Weight loss is medically necessary

Weight loss program is treatment for the following diagnosis: _____

Food Allergies: _____

Physical Restrictions _____

Physician Name _____

Physician Signature _____

Physician Stamp

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