



## Wellness Challenge 360° Physician's Consent

# PHYSICIAN FORM

WC 360° is a guided nutrition program in which the participants are encouraged to reduce fat consumption, to eliminate processed foods, dairy, and meat, and to increase whole natural plant foods, including whole grains, fresh fruits and vegetables, legumes, and nuts and seeds. Moderate physical exercise is also encouraged. WC 360° teaches the skills to achieve and maintain a healthy weight, to reduce the risk of disease, and to become more physically fit. The program is not intended to be instructional for medical diagnosis or treatment.

To help quantify your patient's progress, please provide him or her with

- ✔ **TWO PRESCRIPTIONS** for blood work (beginning **and** completion prescriptions) for **lipid panel and A1C**.
- ✔ Completion blood tests are to be done six weeks after the start of the program. **Please provide both prescriptions at once.**
- ✔ On the prescription, please indicate that a copy be faxed directly to Wellness Foundation.
- ✔ Please also FAX this consent form to us at 631-329-3714, or give it directly to your patient.
- ✔ Please indicate any limitations your patient may have to participating in WC 360° here:

By signing this form, I give my consent as the physician of \_\_\_\_\_  
*(participant's name)*

to participate in WC 360°. I also agree to discuss any medical issues associated with the requested laboratory results with the participant and to provide any necessary medical advice regarding the results of such laboratory tests.

Physician's Name (print) \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_