

# Eligibility Form for Growing Healthy Study at Knoxville Pediatric Associates

## Primary Care Provider complete this section

Date: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's age: \_\_\_\_\_

1. Is the child between the ages of 4 and 10 years?  Yes  No
2. BMI-for-age is  $\geq 85^{\text{th}}$  percentile?  Yes  No
3. The caretaker can read and speak English and the child can speak English.  Yes  No
4. Does the child have any medical conditions that effect growth, intake or physical activity (e.g., Prader Willi Syndrome, type 1 or 2 diabetes, etc.)?  Yes  No
5. The child is currently participating in a weight loss program and/or taking weight loss medication.  Yes  No

**ELIGIBLE?**  Yes  No  
(IF "YES" CHECKED FOR 1-3 AND "NO" FOR 4-5.)

## Primary Care Provider complete this section

Parent/Adult agreed to be contacted  Yes  No  
(If no, please give parents brochure and ask them to contact the HEAL if interested).

My signature below indicates I agree to be contacted by a Growing Healthy staff member.

\_\_\_\_\_  
Guardian Name

\_\_\_\_\_  
Parent Phone Number

\_\_\_\_\_  
Guardian Signature

Please give the completed form to your pediatrician.