

Physician Referral Form



I am referring my patient to the following WW® program
(Formerly Weight Watchers)

WW® Digital + Unlimited Workshop Program for Members Age 18+

- Up to 10 weeks of WW® digital and web-based classes and workshops
- Up to 14 weeks of access to online tools

WW® Digital + Unlimited Workshops for Carolina Complete Health (CCH) members aged 18 years or older who have a Body Mass Index (BMI) equal to or greater than 25 and are referred by a Carolina Complete Health Care Manager. This holistic program includes:

- **Around-the-clock live coaching via the app and website.**
- **On-demand audio and video workouts, meditations, and more.**
- **Supportive Workshops.** (No in-person option included)

**Form completion required to determine eligibility.
An office visit required only if member has not been seen by PCP in
the past 12 months.**

Both sides of this form must be completed

FAX both sides of completed form to:

1-833-417-0446

Physician Referral Form



MEDICAL PROVIDER INFORMATION

Medical Provider Name: _____

Practice Name: _____

Office Phone: _____ Office Fax: _____

Medical Provider Certification

This patient is:

Not cleared to exercise at this time Cleared to exercise with no restrictions

Cleared to exercise with the following restrictions. Please list restrictions below:

I have obtained participant authorization to release information to WW® and to include the patient's most recent medical records.

Medical Provider Signature _____ Date _____

PARTICIPANT INFORMATION

Participant Name: _____

Address: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Insurance Carrier: _____

Birthdate: _____ Height: _____ Weight: _____ Gender: _____

Both sides of this form must be completed.