

HEALTH CARE PROVIDER STATEMENT RECOMMENDING HEALTHY HABIT GOALS

Health care providers may use this form to recommend goals related to healthy eating and active living for children. Providers should list suggested goals for school, out-of-school, and/or home settings and give it to the child's parents or caregiver.

Copies of completed forms can also be saved in the patient's chart for future reference.

Patient's Name: _____

Date of Birth: _____

Diagnosis: _____

How the diagnosis impacts the child's health, development, or education:

Suggested Goal/Service/Accommodation at School:

Suggested Goal/Service/Accommodation Outside of School and at Home:

Recommendation for Additional Assessment:

Provider Signature: _____

