



PEDIATRIC MEDICAL CLEARANCE FORM CCTT/RTEAM

Tel: (248) 475-4880

Fax: (248) 475-4881

PATIENT INFORMATION

Patient First Name: _____ Last Name: _____

Gender: Female Male D.O.B.: _____ Email: _____

Guarantor Name: _____ D.O.B.: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Relationship to the patient: _____

Health Insurance: _____ Contract No. or Policy No.: _____

THE FOLLOWING INFORMATION IS REQUIRED FOR PARTICIPATION IN THE PROGRAM:

Physical Exam: (Information must have been obtained within the last 12 months)

Ht: _____ Wt: _____ B/P: _____/_____

B/P percentile: _____

BMI: _____ BMI%Age/Sex: _____

Waist Circumference: _____

Skin Markings: _____

Other Finding: _____

Has the prospective participant been evaluated by any of the following for weight related issues? If yes, explain.

Orthopedic _____

Endocrinology _____

Cardiology _____

Gastroenterology _____

Pulmonary _____

Behavioral Health _____

Other: _____

Please attach copy of laboratory studies within the last 12 months. Fax a copy of labs to 248-475-4881.

Required Lab Studies:	Check if Done:
Liver Function (SGOT and SGPT)	<input type="checkbox"/>
Fasting Glucose	<input type="checkbox"/>
Total Cholesterol	<input type="checkbox"/>
LDL	<input type="checkbox"/>
HDL	<input type="checkbox"/>
Triglycerides	<input type="checkbox"/>
Optional Lab Studies:	
Thyroid Function(Free T4, TSH)	<input type="checkbox"/>
Insulin Level	<input type="checkbox"/>
Hemoglobin A1C	<input type="checkbox"/>
CBC	<input type="checkbox"/>
Creatinine	<input type="checkbox"/>
BUN	<input type="checkbox"/>
Urine Protein	<input type="checkbox"/>
Urine Glucose	<input type="checkbox"/>

*****MUST CHECK ALL THREE TO JOIN THE PROGRAM*****

Participant is cleared to join in exercise program.

May participate in group sessions (R-Team).

Metabolic Syndrome Secondary Dx/Other:

REFERRING PHYSICIAN INFORMATION

Physician Name (Please Print): _____

Physician Signature: _____

Date: _____

Contact Name (person that fills out the form): _____

Telephone: _____