

ADOLESCENT MEDICAL CLEARANCE FORM
MEDICAL PROVIDER RELEASE TO PARTICIPATE IN A DIET AND EXERCISE PROGRAM AT THE
VIRGINIA COMMONWEALTH UNIVERSITY SCHOOL OF MEDICINE
Departments of Pediatrics

TO:	Medical Provider's Name:	RETURN TO:
	Address:	Edmond P. Wickham, M.D. M.P.H. Associate Professor of Medicine and Pediatrics Healthy Lifestyles Center P.O. Box 980140 Richmond, VA 23298-0140 Couriered: 2305 North Parham Road, Suite 1 Henrico, VA 23229
	Telephone Number:	Phone: (804) 527-4756 FAX: (804) 527-4555

Your patient _____ along with his/her parent, is interested in participating in a clinical research study (TEENS) that investigates different approaches for engaging parents (or guardians) of adolescents ages 12-16 years with overweight or obesity in the treatment of their child's weight. This study, funded by the National Institutes of Health, is being conducted by Dr. Melanie Bean and Dr. Edmond Wickham, Co- Directors at the Healthy Lifestyles Center at Children's Hospital of Richmond at Virginia Commonwealth University. The research study includes a 4-month active intervention for parents and their adolescents followed by an 8-month follow-up period. All study sessions are conducted virtually.

Adolescents will be asked to participate in weekly interactive, group education sessions, online exercise sessions, and monthly individual sessions. Both group and individual sessions for the program will be conducted virtually. As a participant in this study, your patient will be asked to do the following:

1. Participate in a virtual behavioral weight loss intervention focused on healthy modifications to his/her own diet, activity, and behavior. The weekly sessions will be led by a trained behavioral coach and a dietitian.
2. Consume an individualized calorie restricted diet based on your patient's weight when he/she begins the program. The goal is to produce a weight loss of 1-2 pounds/week.
3. Participate in 1-hour live, online exercise session led by a trained exercise physiologist at least once a week. Each virtual exercise session includes a variety of different exercise types such as aerobic training, strength training and stretching using no or minimal equipment available to the teen at home (e.g., resistance bands). The intensity and progression of the virtual group exercise sessions are designed to accommodate youth across a range of fitness levels and body weights. In addition to participation in these virtual training sessions, the teen will be asked to gradually increase his or her physical activity throughout the program with a goal of 60 minutes of moderate-to-vigorous physical activity daily.
4. Keep a weekly diary that includes detailed food records and minutes/type of activity. Participants will receive feedback from study staff regarding diary contents and program progress.
5. Have their weight measured at home and reported to study staff every week. Changes in weight will be used to adjust individual caloric goals.

A study physician will be notified if a participant's rate of weight loss exceeds an average of 5 lbs per week to review current calorie goals, assess other behavior changes, and to ensure patient safety. Although emergency care would be facilitated if indicated, routine medical care including adjustments in medication will not be provided by the study physicians. Adolescents and their parents will be encouraged to discuss any potential changes in their medical status including medication changes or evaluation of overuse injuries from physical activity that may result from participation in the study with their usual health care providers.

It is also possible that study participants may experience improvements in their health and weight status when family-wide changes in eating and physical activity behaviors are implemented. Please discuss any anticipated changes to your patient's current treatment plan and recommendations for ongoing surveillance of medical conditions with your patient and his/her parent before they start the TEENS Program.

Please indicate below if participation in the TEENS Program seems safe and appropriate for your patient or if you see any contraindications for his/her participation (*please check the appropriate box below and provide the requested information*).

- It is appropriate for this adolescent patient to participate in the TEENS Program as outlined above.
- It is my recommendation that this program would not be appropriate or safe for this patient at this time.

Please feel free to contact Dr. Wickham or the TEENS Program Coordinator (Janet Delorme) at (804) 527-4756 if you have additional questions regarding your patient's participation in this research program

Medical Provider's Signature

Medical Provider's Name (Printed)

Practice Location

Phone Contact/Number

Date