

PARENT 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 and Internal Medicine

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

Your patient _____ 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, which is 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 followed by an 8-month follow-up period. As part of the TEENS program, parents will be assigned to participate in one of two groups: 1) Parents as Coaches or 2) Parent Weight Loss. Parents will not know which group they are going to participate in until they start the program. All sessions are conducted virtually. Since participation in the Parent Weight Loss group will focus on helping the parent (your patient) to lose weight themselves by making healthy changes in their own food choices and exercise routines, we felt it was important to notify you of his/her interest in the program and to obtain your permission for safe participation.

Parents in both groups will be asked to participate in a weekly interactive, virtual group education sessions; however, the content of these groups will vary based on which group the parent is assigned to. Both groups will include general nutrition education, but if your patient is assigned to the Parent Weight Loss group, he or she will be asked to do the following

1. Participate in a behavioral weight loss intervention focused on healthy modifications to his/her own diet, activity, and behavior. The weekly sessions will be conducted online and led by a trained behavioral coach and a dietitian.
2. Consume an individualized calorie and fat-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. Increase physical activity to at least 250 minutes/week of moderate intensity activity. Multiple short bouts (e.g., ≥10 minutes) of physical activity will be encouraged to minimize potential barriers to activity. This exercise will be unsupervised and your patient will be encouraged to select an activity similar to brisk walking.
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 participating parent'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. Participating 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 Parent Weight Loss Group with their usual health care providers.

It is also possible that parents enrolled in the Parents as Coaches group may experience improvements in their health and weight status as they encourage family-wide change in eating and physical activity behaviors. Please discuss any anticipated changes to your patient's current treatment plan and recommendations for ongoing surveillance of medical conditions with your patient before they start the TEENS Program.

Please indicate below if participation in the TEENS Program, including potential participation in Parent Weight Loss Group 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 adult 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