



Date: ___/___/___

Weight Reduction Program for Injured Workers (L&I)

Prior Authorization Request Form

Please complete both sides if you believe the injured worker benefits from a Weight Reduction Program.

Fax this form, attached treatment plan, and medical justification for obesity treatment (including tests, consultations, or diagnostic studies) to Freeborn Wellness at 360.312.4204 and to L&I.

Individual's Name: _____ DOB: ___/___/___

Claim Number: _____ DOI: ___/___/___

The injured worker qualifies for this Weight Reduction Program if the worker meets all the following criteria. Please check all that apply:

- BMI of 35 or greater;
- Obesity is the primary condition delaying recovery from the accepted condition;
- Weight reduction is necessary to undergo required surgery, participate in physical rehabilitation, or return to work;

And/or

- Requesting a consultation with a *Freeborn Wellness* Certified Dietitian (CD) to determine if an obesity treatment program is appropriate for this worker.

Weight Specific Information:

Current Weight: _____ Height: _____ Weight Prior to Injury: _____

Explanation of level of function prior to the injury and how it has changed:

- Please check if you have attached medical justification for obesity treatment, including tests, consultations, or diagnostic studies.***

Treatment Planning

Prior to receiving authorization for an obesity treatment program, the attending provider and worker are required to develop a treatment plan.

Desired weight loss: _____

Estimated time: _____

Weight Loss Method

Quality: Complex carbohydrate, protein, fat.

- Absorbed slowly into your body (unlike sugar!)
- Sustains your energy as if they are “time-released”

Quantity:

- Overall, reduce quantity.
- Prioritize snacking (not grazing); creates natural portion control at mealtimes when spaced appropriately

Timing:

- Eat within the first 30 minutes of waking up
- Eat every two-three hours

**The result: –Greater likelihood of making healthy choices –Better portion control –Better mental clarity –Better energy levels–Improved Rehab.*

Other:

Exercise:

Treatment Plan Includes:

- ✓ Monthly PCP monitoring for 3 months.
- ✓ Weekly Freeborn Wellness monitoring for 12 weeks.
- ✓ Group support facilitated by trained staff.
- ✓ Counseling and education provided by trained staff.

Provider Signature

Date

Thank you!