

Medical provider name: Provider phone:

Patient name: Date of Birth:

Dear parent/guardian, school nurse and teacher,

I am working with this patient to improve their lifestyle. I appreciate your assistance in helping them reach the following goals. Please contact me with questions or concerns.

Target Behaviors and Goals

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1. Portion size

- Less than palm size of 1 food at a time
- Other:

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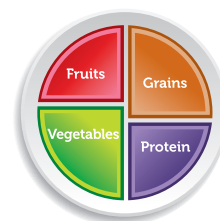
2. Less junk food (high calorie, low nutrient food)

- Swap junk food snacks with vegetables and fruits
- Limit access to junk food
- Other:

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3. Balanced meals

- Each meal should include vegetables/fruit, protein, and whole grains
- Eat meals at home or school, limit eating out to 2 times per week
- Other:

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4. Being more active

- Being active for 60 minutes per day
- Less than 2 hours of entertainment screen time
- Other:

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5. 5 vegetables and fruits per day

- Adding a vegetable or fruit to every meal
- Adding a vegetable or fruit to every snack
- Other:

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6. Low sugar beverages and food

- Drink only water and white milk. Do not offer flavored milk, juice, or other sugary beverage
- Limit access to food with added sugar
- Other:



Medical Provider Signature

Parent/Guardian Signature

Patient Signature