Strength Protocol Referral Form

Weight management for neurodivergent adults

Telehealth · Minnesota & South Dakota · Adults 18+

Optimal Brain MN Clinic

Fax: 651-342-8443 · Phone: 651-472-5915

optimalbrainmnclinic.com

Fax completed forms to Optimal Brain MN Clinic at 651-342-8443. Please do not email completed forms.
We'll contact the patient, verify insurance and schedule the first visit. Questions: call 651-472-5915.

Patient

Patient name _____ Date of birth _____ Phone _____

Preferred contact: ☐ Phone ☐ Portal ☐ Text

Referring provider

Name _____ Credentials _____

Practice _____ Phone _____

Secure fax or portal for updates _____

Primary care provider (if different) _____

1. Neurodevelopmental history (optional)

A diagnosis is welcome but not required.

☐ ADHD Diagnosing clinician and date _____

☐ Autism

☐ Currently on ADHD medication Medication _____

Recorded for coordination only. ADHD and psychiatric medications stay with the patient's prescriber.

2. Weight eligibility

Height _____ Weight _____ BMI _____ Date measured _____

☐ BMI 30 or more ☐ BMI 25 or more with one or more of:

☐ Prediabetes ☐ Type 2 diabetes ☐ Hypertension ☐ Dyslipidemia ☐ Sleep apnea ☐ MASLD

☐ Other _____

Anti-obesity medication (if applicable)

Drug and dose _____ Start date _____ BMI at start _____

Bariatric surgery (if applicable)

Procedure _____ Surgery date _____ Pre-op BMI _____

☐ Post-op diet stages completed ☐ Cleared by bariatric team

Bariatric team contact _____

Optimal Brain MN Clinic

Fax: 651-342-8443 · Phone: 651-472-5915

optimalbrainmnclinic.com

3. Exercise-relevant medical history

Check chart-confirmed conditions.

- ☐ No known cardiovascular, metabolic or renal disease
- ☐ Coronary artery disease ☐ Heart failure ☐ Arrhythmia ☐ Valvular disease
- ☐ Peripheral artery disease ☐ Stroke/TIA ☐ Diabetes (type 1 or 2) ☐ Chronic kidney disease
- ☐ Optional: patient already medically cleared for exercise

Medications with hypoglycemia risk

- ☐ None ☐ Insulin ☐ Sulfonylurea
- ☐ Other _____

4. Exclusions

Check any that apply. Patients with these conditions may need another level of care first.

- ☐ Active eating disorder
- ☐ Eating disorder in remission. Eating-disorder clinician clearance:
  - ☐ Yes ☐ Pending
- ☐ Pregnant or planning pregnancy within 6 months
- ☐ Acute psychiatric illness requiring a higher level of care
- ☐ Medical contraindication to resistance training

Describe _____

Referring provider attestation

I confirm the information above is accurate. I remain responsible for this patient's diagnosis, medication management and medical clearance. Strength Protocol provides behavior-first weight management and coordinates labs and medication changes with the referring or primary care provider.

Signature _____ Date _____

Send to Optimal Brain MN Clinic

Fax: 651-342-8443 Phone: 651-472-5915 (Mon–Fri, 8am–4pm Central)

Please do not email completed forms. We'll contact the patient, verify insurance and schedule.