



My Human Coach™
myhumancoach.com

Health & Wellness Coaching Physician Referral Form

I am writing on behalf of my patient, _____, to document the medical necessity of health & wellness coaching* to support recommended behavior change.

This letter serves to document my patient's diagnosis of _____ and to summarize my recommendation for health coaching *which may or may not be covered by health insurance*.
(Note: Health & wellness coaching *is* a valid FSA/HSA expense with a doctor's letter of recommendation.)

Summary of Patient's Medical History and Diagnosis

This patient is _____ years old and has been diagnosed with _____ on ___/___/____. Below are noted symptoms and relevant information that led to my recommendation for professional health & wellness coaching as part of this patient's treatment.

Thank you for your attention to this matter.

Sincerely,

Date: _____



**Collaborating with a health & wellness coach can provide additional support for lifestyle change as well as accountability that has been shown to encourage sustainable behavior change and improve health outcomes.*