

Strong Kids Strong Teens Referral Form

(Completed form must be received to be eligible to participate)



Strong Kids Strong Teens Eligibility <ul style="list-style-type: none"> BMI >85% percentile for age Adult & child both medium/high readiness to change ≥ 4 English-speaking Able to cooperate in a group setting 	Age Group	YMCA Branch/Fax	Start Date
	<input type="checkbox"/> Kids 8-11		
	<input type="checkbox"/> Teens 12-14		
	Days, Time, Location of Class		
YMCA Facility Members \$150 / Non YMCA Members \$200			

Parent/guardian completes this section:

Patient Name _____ Date of Birth _____ Sex M F

Parent/guardian Name _____

Address _____ City _____ Zip _____

Home Ph () _____ Cell Ph () _____

Email Address _____

I agree to allow YMCA staff to contact me for my child and I to participate in the Strong Kids Strong Teens program.

Parent/guardian signature Date

READINESS TO CHANGE (circle response)

1. How concerned are you about your child's weight?	Not Concerned	Parent/guardian	Very Concerned	Not Concerned	Child (answer separately)	Very Concerned
	0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10		
2. How ready are you & your family to make a change?	Not Ready	Parent/guardian	Very Ready	Not Ready	Child (answer separately)	Very Ready
	0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10		
3. How confident are you that you can be successful?	Not Confident	Parent/guardian	Very Confident	Not Confident	Child (answer separately)	Very Confident
	0 1 2 3 4 5 6 7 8 9 10			0 1 2 3 4 5 6 7 8 9 10		

Please note information that YMCA Strong Kids Strong Teens program staff should know before starting your child in an exercise program: Asthma Type 2 Diabetes ADHD Hypertension Food Allergy

Other: _____

Medications: _____

Doctor/ARNP/RN completes this section:

Patient Weight _____ (lbs) Height _____ (in) BMI %ile 85-95% >95%ile Date Measured _____

Doctor/RN/ARNP Name _____ Clinic/School Stamp _____
Print or Stamp

Ph () _____ Fax () _____

The above mentioned patient is cleared to participate in the Strong Kids Strong Teens nutrition and exercise program.

Doctor/ARNP/RN Signature Date

Fax the completed referral form to the YMCA where the family will participate, attention Strong Kids Strong Teens Coordinator. The completed form must be received to be eligible to participate.