

ACT! GET UP, GET MOVING!

ACTIVELY CHANGING TOGETHER

Virginia Mason Memorial, Yakima Family YMCA and
Pacific Northwest University of Health Sciences (PNWU)

Provide the form to your healthcare provider to complete and fax to the contact below. The ACT coordinator will then contact you to discuss participating in the program and help you enroll.

Pídale a su proveedor de salud que llene y mande por fax esta forma a la persona de contacto indicada abajo. El coordinador de ACT! Lo contactará para discutir si está interesado en el programa y ayudarlo a inscribirse.

REFERRAL FORM

Program Eligibility

- BMI >85% percentile for age
- Adult and child both have a strong personal desire for change
- Able to cooperate in a group setting
- 8-14 years of age

Program Preference

- English Spanish

Parent/guardian completes this section:

Patient Name: _____ Date of Birth: _____ Age: _____ Sex: M F

Parent/guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

How did you find out about ACT! ? _____

I agree to allow ACT staff to contact me for enrollment and participation in this program.

Parent/Guardian Signature: _____ Date: _____

Please note information that YMCA ACT! program staff should know before starting your child in an exercise program:

- Asthma Type 2 Diabetes ADHD Hypertension Food Allergy

Other: _____

Doctor/RN/ARNP completes this section:

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

Doctor/RN/ARNP Name: _____ Clinic/School Stamp/Name: _____

Phone: _____ Fax: _____ Email: _____

I confirm this child/teen is eligible for ACT! with age 8-14 years and BMI ≥ 85th percentile for age.

I confirm this child is physically and emotionally able to participate in group physical activity.

Doctor/ARNP/RN Signature: _____ Date: _____

Please complete and send the following to:

Juanita Silva, ACT! coordinator, c/o Virginia Mason Memorial,
2811 Tieton Drive, Yakima WA 98902
Or by fax: 509-577-5071 (NEW NUMBER)

For more information, contact Juanita Silva at
509-225-3178 or email juanitasilva@yvmh.org

