



**YMCA OF SNOHOMISH COUNTY
ACT! (Actively Changing Together)
Referral Form**

Program Eligibility <ul style="list-style-type: none"> • BMI >85% percentile for age • Adult and child both have a strong personal desire for change • Able to cooperate in a group setting 	Age Group	Start Date
	<input type="checkbox"/> Kids 8-11 <input type="checkbox"/> Teens 12-14	<input type="checkbox"/> Fall (Sept/Oct) <input type="checkbox"/> Winter (Jan/Feb)
	YMCA Branch: <input type="checkbox"/> Everett <input type="checkbox"/> Marysville <input type="checkbox"/> Mill Creek <input type="checkbox"/> Monroe <input type="checkbox"/> Mukilteo <input type="checkbox"/> Stanwood-Camano	

Parent/guardian completes this section:

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

Parent/guardian Name _____

Address _____ City _____ Zip _____

Home Ph () _____ Cell Ph () _____

Email Address _____

How did you find out about ACT! ? _____

I agree to allow YMCA 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/ARNP/RN completes this section:

Patient Weight _____ (lbs) Height _____ (in) BMI %ile o 85-95% o >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 ACT! nutrition and exercise program.

Doctor/ARNP/RN Signature Date

Please fax completed Referral Form to:

ACT! Program Coordinator
 (P) 360 453 2190
 (F) 1 844 860 1196 (HIPAA Secure Fax)

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