

**FitKids360 Referral Form**

Please fill both front and back out completely

Referral Information	
<b>Agency/Provider Name</b>	
<b>PCP</b>	
<b>Contact Person/Email</b>	
<b>Phone #</b>	
<b>Fax #</b>	
<b>Date Referred</b>	
Client Information	
<b>Caregiver Name</b>	
<b>Child's Name</b>	
<b>Child's DOB</b>	
<b>Phone</b>	
<b>Address</b>	
<b>BMI Percentile</b>	
<b>Child's Insurance</b>	<input type="checkbox"/> <b>Commercial</b> _____ <input type="checkbox"/> <b>Medicaid</b> _____ <input type="checkbox"/> <b>None</b>
<b>Additional Information</b>	<input type="checkbox"/> <b>Print off Patient Demographics with insurance information and send with referral</b>
Please continue to back side of form for additional client information.	

**Please check medical conditions that apply to patient**

- Asthma**
  - Inhaler**
  - No Inhaler**

- Diabetes**
  - Type I**
  - Type II**

- Hypertension**

- Allergies**
  - Food** \_\_\_\_\_
  - Bees**

- Orthopedic/other conditions that may affect child's participation**  
\_\_\_\_\_

- No medical conditions**

- Check one:**
- Can participate in FitKids360 physical activity with no restrictions.**
- Can participate in FitKids360 physical activity with some restrictions.**
  - \_\_\_\_\_
- Cannot participate in FitKids360 physical activity.**

**Comments:**

- Need Interpreter** \_\_\_\_\_
- Need taxi services**
- Additional comments:** \_\_\_\_\_

- Signature:** \_\_\_\_\_

**PLEASE Complete referral and return to  
Health Net of West Michigan Attn: Keyuana Rosemond  
via fax: 616.632.1005**

**Questions? Contact Keyuana Rosemond at 616-742-8907 or email  
[krosemond@healthnetwm.org](mailto:krosemond@healthnetwm.org)**