

FitKids360 Referral Form

Please fill both front and back out completely

Referral Information	
Agency/Provider Name	
PCP	
Contact Person/Email	
Phone #	
Fax #	
Date Referred	
Client Information	
Caregiver Name	
Child's Name	
Child's DOB	
Phone	
Address	
BMI Percentile	
Child's Insurance	<input type="checkbox"/> Commercial _____ <input type="checkbox"/> Medicaid _____ <input type="checkbox"/> None
Additional Information	<input type="checkbox"/> Attach completed FitKids360 Readiness Survey to referral <input type="checkbox"/> Print off Patient Demographics with insurance information and send with referral
Please continue to back side of form for additional client information.	

Please check medical conditions that apply to patient

Asthma (if yes, attach the patient's asthma action plan)

Inhaler

No Inhaler

Diabetes

Type I

Type II

Mental Health/Developmental diagnoses (if yes, describe in additional comments section below)

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: _____

PLEASE Complete referral and return to
Health Net of West Michigan Attn: FitKids360 Team
via fax: 616.632.1005

Questions? Contact Nancy Tumbarell at 616-421-9024 or email
ntumbarell@healthnetwm.org