**FitKids360 Referral Form** 

**Please fill both front and back out completely**

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| **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** | * **Commercial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Medicaid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **None**
 |
| **Additional Information** | * **Attach completed FitKids360 Readiness Survey to referral**
* **Print off Patient Demographics with insurance information and send with referral**
 |
| **Please continue to back side of form for additional client information.** |

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| **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 Angelica Pointer at 616-421-9024 or email** **apointer@healthnetwm.org** |