



MULTICARE ACT COORDINATOR USE ONLY
 TO PROVIDER: Completed Program Incomplete
 No Show Not Interested

Provide the form to your healthcare provider to complete and fax to the contract 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

*\$100 – YMCA family membership available and highly recommended.

- Program Preference:** WINTER – January - March SUMMER – June - August (available online only) English
 SPRING – April-June Spanish
 FALL – September - November

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 to:

Juanita Silva, ACT! Coordinator, MultiCare Yakima Memorial Hospital
 2811 Tieton Drive, Yakima, WA 98902

Or by fax: 509-577-5071

For more information contact Juanita Silva at
 509-225-3178 or email: juanita.silva@multicare.org

