

Contact: 323-361-5423

323-361-8245

Fax form to: 323-361-8387

KIDS N FITNESS[©] Weight Management Program

The **Kids N Fitness**[©] **Program** is designed for children ages 8-16 and their families to learn about ways to eat healthy and stay active for good health. Classes are 90 minutes once a week, for six weeks.

REFERRAL INFO	DRMATION			
Physi	cian:			Use clinic stamp if available.
Address/				
Contact Info:				
CHILD INFORM	ATION & HIST	ORY		
Child's Name			Parent/Guardian Name:	
			Family Address:	
DOB	Sex	Blood Pressure	Home Phone:	Preferred Language:
	M F X		Collabora	□ English□ Spanish
			Cellphone:	□ Other:
Height	Weight	BMI	Email:	
List any medical dia	agnosis:			
List any medication	ns:			
Weight manageme		all that apply)		
□ Increasing rate of weight gain			☐ High blood pressure	
□ Overweight (>85th percentile for age/gender)			☐ Pre-diabetes or Type 2 Diabetes [high A1c] e/gender) ☐ Abnormal Labs [Lipids Liver Function other:]	
☐ Severely overweight/Obese (>95th percentile for age/gender) ☐ Abnormal Labs [Lipids Liver Function other:] ☐ Other:				
□ Other.				
VAIT is a magazine A	h =			VAIT many mot always
			o setting with physical activity. Hov o help us determine eligibility.	vever, KNF may not always
			s that would make child unable to p	participate in a group setting.
	•	, -	ere with child participating in 45 mir	
		ity throughout the		. ,
☐ Other reason(s):	:			
Physician signature	<u>.</u>			Date:
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*Optional: Please forward Growth Chart and/or most recent 1-year height/weight history.

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