YMCA OF SNOHOMISH COUNTY
ACT! (Actively Changing Together)
Referral Form

Program Eligibility	**Age Group**	**Start Date**
• BMI >85% percentile for age • Adult and child both have a strong personal desire for change • Able to cooperate in a group setting	☐ Kids 8-11 ☐ Teens 12-14	☐ Fall (Sept/Oct) ☐ Winter (Jan/Feb)
	YMCA Branch: ☐Everett ☐Marysville ☐Mill Creek ☐Monroe ☐Mukilteo ☐Stanwood-Camano	

Parent/guardian completes this section:

Patient Name_____ Date of Birth_____ Age_____ Sex ☐M ☐F

Parent/guardian Name_____

Address_____City_____Zip_____

Home Ph ( )_____ Cell Ph ( )_____

Email Address_____

How did you find out about ACT! ? _____

I agree to allow YMCA 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/ARNP/RN completes this section:

Patient Weight_____(lbs) Height_____(in) BMI%ile o 85-95% o>95%ile Date Measured_____

Doctor/RN/ARNP Name_____ Clinic/School Stamp_____
Print or Stamp

Ph ( )_____ Fax ( )_____

The above mentioned patient is cleared to participate in the ACT! nutrition and exercise program.

_____ _____

Doctor/ARNP/RN Signature Date

Please fax completed Referral Form to:

ACT! Program Coordinator
(P) 360 453 2190
(F) 1 844 860 1196 (HIPAA Secure Fax)

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