



South Sound YMCA

We build strong kids, strong families, strong communities.

Strong Kids/Strong Teens Recruitment & Referral Tracking Form

Date _____

Patient name _____

Date of Birth ____/____/____

Weight _____ Height _____ BMI%ile 85-95%ile >95%ile

Provider Name _____ Clinic Ph #/Clinic stamp _____
(print / stamp)

READINESS TO CHANGE (circle response)

	ADULT											CHILD														
1. How concerned are you about your child's (your) weight?	Not Concerned	0	1	2	3	4	5	6	7	8	9	10	Very Concerned	Not Concerned	0	1	2	3	4	5	6	7	8	9	10	Very Concerned
2. How ready are you & your family (you) to make a change?	Not Ready	0	1	2	3	4	5	6	7	8	9	10	Very Ready	Not Ready	0	1	2	3	4	5	6	7	8	9	10	Very Ready
3. How confident are you that you can be successful?	Not Confident	0	1	2	3	4	5	6	7	8	9	10	Very Confident	Not Confident	0	1	2	3	4	5	6	7	8	9	10	Very Confident

Please note any information that a YMCA Total Health Coach should know before starting your patient in an exercise program:

- Asthma
- Type 2 Diabetes
- Food Allergy
- ADHD
- Hypertension
- Other _____

Medications: _____

The above named patient is cleared to participate in an exercise program.

Provider signature _____

Date _____

Parent/guardian Name _____

Address _____

Phone _____

I agree to allow the STRONG KIDS staff to contact me to participate in STRONG KIDS at the YMCA.

**Fax this form to the Health & Fitness Director at the Olympia Downtown Branch:
(360) 754-9723.**

Strong Kids/Strong Teens Eligibility

- BMI > 85th percentile for age AND
- 8-11 years of age
- Adult & child both medium/high level of readiness to change (≥ 4)
- English-speaking
- Able to participate cooperatively in a group

Cost: YMCA Full Members \$90, Basic/Non-Members \$150