



YMCA'S HEALTHY WEIGHT & YOUR CHILD REFERRAL FORM

PROGRAM GOALS:

- Reduce BMI and increase physical activity
- Increase self-esteem
- Reduce waist circumference
- Tracking behaviors

PROGRAM QUALIFICATIONS:

- ✓ Be 7-13 years old at the start of the program
- ✓ Be ≥95th percentile of BMI for gender and age
- ✓ Attend each sessions with an adult
- ✓ Receive clearance from a healthcare provider to participate in physical activity

PATIENT INFORMATION

Name: _____ DOB: _____ Male Female
Last First MI (mm/dd/yyyy)

Parent(s)/Guardian(s) Name: _____
 English speaking? Yes No If no, language _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Insurance: _____ Policy #: _____

ANTHROPOMETRICS

Height: _____ ft _____ in Weight: _____ lbs (Capture date: ____/____/____)
mm yy

BMI _____ BMI Percentile (must be ≥95%): _____

Age: _____

- I talked to the patient and their parent/guardian about this referral. They are aware it is a 4 month long lifestyle change program.
- I approve this patient to participate in Healthy Weight & Your Child program where he/she will engage in physical activity.

Special Notes about patient:

REFERRER INFORMATION

Providers Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

The above named patient is cleared to participate in this active program.

Healthcare Provider Signature

Date

Please submit completed referral form by secure FAX **844.763.3215** or email (below)
 Questions? Contact our Program Coordinator, Noël Gibeau: **808.589.5906** | programs@kidneyhi.org

Office Use Only

Initial Call _____ (date) Patient interest Yes No Ref, f/u call on _____ w/ _____
1 2 3 4 5

Preferred location(s) _____ Current Schedule _____ Okay Yes No

Notes:

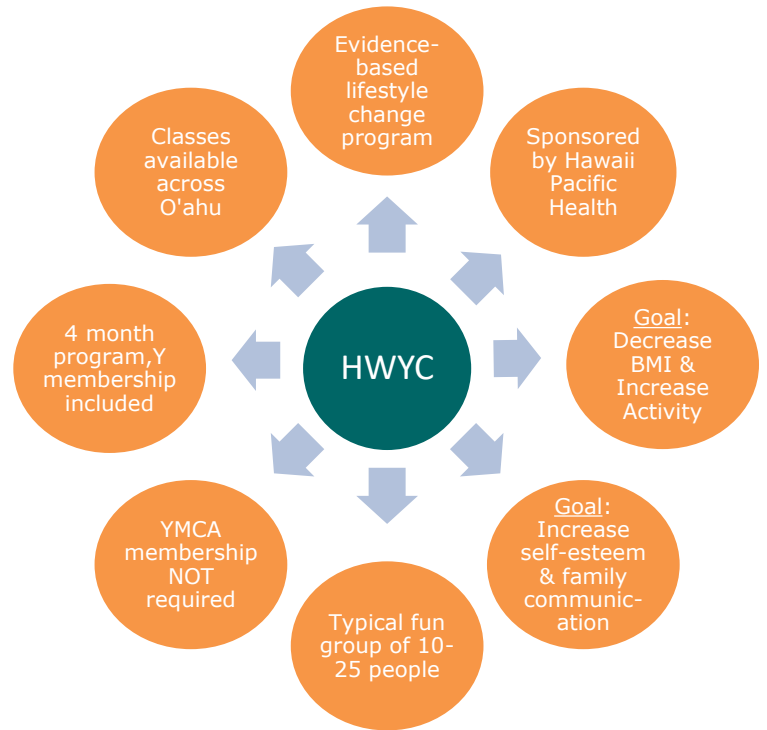
PROGRAM TALKING POINTS FOR CARE PROVIDERS:

★ Healthy Weight and Your Child Program creates a safe, fun and active environment for children and families to explore and adopt proven methods to living a healthier lifestyle.

Studies show this program is cost-efficient and effective in reducing a child's body mass index and waist circumference, reducing sedentary behaviors, increasing physical activity and improving self-esteem.

ADDITIONAL BENEFITS:

- Improve quality of life and dietary intake
- Improve family communications
- Develop action planning and goal setting skills
- Meet the needs of our community
- Prevent children from becoming obese adults



HOW THE PROGRAM WORKS: Healthy Weight and Your Child empowers children ages 7-13 years old, with the support of their families, to reach a healthy weight and live a healthier lifestyle. Through the leadership of Y staff, the four month long evidence-based program engages a child and adult as a pair, so together they can understand how the home environment and other factors influence the choices that lead to a healthy weight. The program emphasizes behavior changes to support healthy eating and physical activity.

TOPICS INCLUDE: Healthy Eating ★ Physical activity ★ Portion Control ★ Problem Solving
 Internal and external ★ Triggers ★ Food label reading ★ Goal setting and rewards

HELPFUL LINKS:

WWW.WHYWEIGHTGUIDE.ORG Ideas on how to talk with your patients about their obesity. Free tool kit and guidance link available. Based on national recommendations put out by the Stop Obesity Alliance and approved by the Centers for Disease Control and Prevention.

<https://youtu.be/qFhxKs2G-OQ?t=50> Local family highlighted in the YMCA of Honolulu Annual Campaign in 2019. Watch 00:50-2:14. Perfect for families thinking of joining this program.

[HTTPS://WWW.YMCAHONOLULU.ORG/HEALTH-AND-FITNESS/CHRONIC-DISEASE-PROGRAMS/CHILDHOOD-OBESITY](https://WWW.YMCAHONOLULU.ORG/HEALTH-AND-FITNESS/CHRONIC-DISEASE-PROGRAMS/CHILDHOOD-OBESITY)
 Find updates on upcoming HWYC cohorts, a fillable referral form, and other program information.