

Fit4Allkids™ Screening Form

All fields must be completed for referral to be evaluated

Child's Name _____ Date of Birth _____

Parent's Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ Insurance provider _____

PHYSICAL EVALUATION

Gender _____ Weight (pounds) _____ Height (inches) _____ Body Mass Index (BMI) _____

BMI Percentile: <85thile 85th-95thile >95thile 99thile or higher

Total Cholesterol _____ Blood Pressure _____ HgbA1C _____ LDL _____ HDL _____ Triglycerides _____

Allergies List _____

Does this child have any of the following medical conditions?

Y / N Asthma	Y / N Cerebral palsy	Y / N ASD
Y / N Sleep Apnea	Y / N Spina bifida	Y / N Autism
Y / N Congenital Heart Defect	Y / N NAFLD	Y / N Bipolar disorder
Y / N HTN	Y / N Prediabetes	Y / N Mood disorder
Y / N Arrhythmia	Y / N Diabetes	Y / N Joint problems
Y / N Seizures	Y / N ADHD	Y / N Hip Problems
Y / N Developmental delay	Y / N Learning disabilities	Other _____

Does this child take any medications or supplements? Yes No If yes, please list all medications: _____

Additional comments _____

First Steps Fit4Allkids is a program for children and families to learn about healthy lifestyle habits that promote a healthy body weight. Children should be able to function independently in a classroom setting to participate. Fit4AllKids includes:

- Physical activity that is play-oriented and emphasizes skill development in children.
- Low-impact physical activity classes such as Zumba and yoga and dancing may be possible options that are scheduled individually by each location.
- Families and children may have the opportunity to play organized games and activities outside when weather permits.

Based on my evaluation, there is no contraindication to participation in the above-described program.

Physician's Signature _____ Date _____

Physician's Name _____ Phone _____

Address _____

Fax to: Fit4Allkids, 727-767-8601

Questions, please call: 727-767-2014

