



OPT for Fit Kids Referral Form

Date: _____

Referring Provider: _____

Phone number: _____

Fax number: _____

CLIENT INFORMATION:

PARENT/GUARDIAN CONTACT INFORMATION:

Client's Name		Parent's/Guardian's Name	
Date of Birth		Street Address	Apt #
Height	Weight	City	Zip
<input type="checkbox"/> Male <input type="checkbox"/> Female		Home Phone	

<p>Based on my current knowledge of this client's health status, I believe that the client is suitable for:</p> <p><input type="checkbox"/> Unrestricted activity</p> <p><input type="checkbox"/> Restricted activity</p> <p>comments: _____</p>	<p>Please check all that apply:</p> <p><input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families</p> <p><input type="checkbox"/> Hearing or visually impaired</p> <p><input type="checkbox"/> Requires insulin instruction</p> <p><input type="checkbox"/> Non-English speaking</p> <p style="padding-left: 20px;">Specify _____</p> <p><input type="checkbox"/> Other special needs</p> <p style="padding-left: 20px;">Specify _____</p>
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OTHER ORDERS: _____

Primary Care Provider Managing Condition: _____

Signature

Date

Please send signed referral to:

OPT for Fit Kids
 1311 Mangrove Ave. Ste. C
 Chico, California 95926
 Phone: (530) 345-0678
Fax: (530) 345-0668
 www.optforfitkids.org

