



Referral Form

Child's Name: _____ **DOB/MRN:** _____

PowerHouse is offered by Riley Children's Specialists Youth Diabetes Prevention Clinic (YDPC) and IU School of Medicine. Families can choose to be part of this healthy lifestyle program as research participants. We are learning about if this program helps to reduce risk of type 2 diabetes in youth.

PowerHouse is geared for kids, at least 7 years of age and up, and their families. Youth who are referred should have a BMI of $\geq 85^{\text{th}}$ percentile for age.

BMI $\geq 85^{\text{th}}$ percentile for age **Yes**

Age ≥ 7 years **Yes**

Parent/Guardian Name(s): _____

Phone #: _____

Alt. Phone #: _____

Address: _____

I know of no reason why this patient cannot participate in physical activity during the Get a Move On group.

Provider Signature: _____

Provider Name (printed): _____

Please email or fax referral to:

khaberlin@iuhealth.org

Fax: 317-321-0128

Questions? Contact Julie Pike (jpik7@iuhealth.org) at 317-688-5065 or Katie Haberlin (khaberlin@iuhealth.org) at 317-278-9641 for more information. Visit our website at www.wearepowerhouse.org.