

Get a Move On

Empowering youth and their families to prevent type 2 diabetes.

Referral Form

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

Get Move On is offered by the Youth Diabetes Prevention Clinic (YDPC). The program is geared for kids, at least 10 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 ≥ 10 years **Yes**

Parent/Guardian Name(s): _____

Phone #: _____

Alt. Phone #: _____

In addition to Get a Move On, I would like this patient to receive a nutrition consult with a dietitian.

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:

jpik7@iuhealth.org or 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 <http://diabetesprevention.iupui.edu/about/get-a-move-on.shtml>



Riley Children's Specialists

11590 N. Meridian Street, Suite 300 Carmel, Indiana 46032 Phone (317) 274-8812 Fax (317) 274-0133