

NEW

NUTRITION | EXERCISE | WEIGHT MANAGEMENT

KIDS AT THE Y

Date:

Dear Doctor,

Your patient, _____ (Date of Birth / /), has shown interest in the *NEW Kids at the Y* Program. *NEW Kids at the Y* is a joint venture between Children's Hospital of Wisconsin and the YMCA of Metropolitan Milwaukee. This 12-week program, designed by the NEW Kids™ Program at Children's Hospital, incorporates sound nutrition, physical activity, and behavioral change into a family-focused series for overweight children 2-18 years old.

Extra weight can cause medical problems, even in young children. If your patient has a BMI (body mass index) above the 95th percentile for age, we recommend a medical and laboratory evaluation to screen for co-morbidities (see www.chw.org/newkids for referral information). If your patient has an identified co-morbidity, we recommend you refer them to the NEW Kids Clinic at Children's Hospital of Wisconsin, a multi-disciplinary program for children affected by complications of overweight, for further treatment.

If your patient has no identified co-morbidities of overweight and has a BMI > 85th percentile, they are a great candidate for *NEW Kids at the Y*. Fill out the attached referral form, **HAVE THE PARENT SIGN IT**, and fax it to the location of the family's choice. Listed below are the *NEW Kids at the Y* sites. Please call the YMCA (numbers below) or the NEW Kids Program (414-266-6864) if you have additional questions. More information is available on-line at www.chw.org/newkids or www.ymcamke.org.

Northside YMCA (414) 265-9622
FAX (414) 374-9459
1350 W. North Ave
Milwaukee, WI 53205-1264

Schroeder YMCA (414) 354-9622
FAX (414) 354-0309
9250 N Green Bay Road
Brown Deer, WI 53209-1199

Southwest YMCA (414) 546-9622
FAX (414) 546-9630
11311 W Howard Ave
Greenfield, WI 53228-1899

West Suburban YMCA (414) 302-9622
Fax (414) 778-4955
2420 N 124th Street
Wauwatosa, WI 53226-1093



**NEW Kids at the
Physician Referral Form**



Patient name: _____ Age: _____

Parent/guardian name: _____

Address: _____ City: _____ Zip: _____

Telephone number: _____

I agree to allow the YMCA to contact me to participate in NEW Kids at the Y.

Parent/guardian signature **Date**

Physician: _____ Specialty: _____

Address: _____ City: _____

Telephone number: _____ Zip: _____

Fax number: _____

Please note any information that a YMCA fitness coach should know before starting your patient in an exercise program:

The above named patient is cleared to participate in an exercise program.

Physician Signature **Date**

Please circle the YMCA location the family wants to attend, and fax to the listed number:

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| Northside YMCA Telephone: (414) 265-9622 Fax: (414) 374-9459 | Southwest YMCA Telephone: (414) 546-9622 Fax: (414) 546-9630 |
| Schroeder YMCA Telephone: (414) 354-9622 Fax: (414) 354-0309 | West Suburban YMCA Telephone: (414) 302-9622 Fax: (414) 778-4955 |