



EMPOWERING 'OHANA TO LIVE HEALTHIER

***Healthy Weight and Your Child* program now offered in Kapa`a**

A partnership program provided by Wilcox Medical Center & YMCA of Honolulu

PROGRAM STRUCTURE: JANUARY 17 – MAY 16, 2018*

Program will be run at All Saints' Episcopal Church on Monday and Wednesday evenings from 5:45-7:45 PM. Families will work with trained Leaders for the duration of the 25-session program. During this time, children and adults will learn about topics, including:

- Healthy eating
- Physical activity
- Portion control
- Internal and external triggers
- Food label reading
- Goal setting and rewards

WHY FAMILY-BASED?

Evidence shows that child weight-management programs are more effective when the whole family is involved and committed to adopting healthier habits. Healthy Weight and Your Child focuses on healthy eating, regular physical activity and behavior change to empower children to live a healthier and active lifestyle.

TO QUALIFY, A CHILD MUST:

- Be 7-13 years old
- Have a parent/guardian attend ALL sessions
- Carry excess weight, with a body mass index of the 95th percentile or higher
- Receives a referral from a healthcare provider or school nurse, including clearance to participate in physical activity

PROGRAM FEE:

- \$80/family (**First 6 families to enroll are FREE!**)
- Includes \$25 gift card given out at Grocery store tour with Healthy Recipes
- Scholarship & Financial assistance available to those who qualify
- Monthly payment plans available

**For more information about the program, contact
Noël Gibeau (808) 548-0951**



* No program on Holidays 2/19, 3/26, and Spring Break 3/19-23.



HEALTHY WEIGHT & YOUR CHILD Physician Referral Form

In order to qualify for participation, your child must:

- Be 7-13 years old
- Be in the 95th percentile of Body Mass Index (BMI) for their gender and age, have cognitive ability to participate, be able to participate in physical activity

Patient Name: _____ DOB: _____ Male/Female
Last First M.I. (mm/dd/yy) (Circle one)

Parent(s)/guardian(s) Name(s): _____

Address: _____ City: _____ Zip: _____

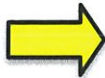
Phone: _____ Email: _____

Insurance: _____ Policy #: _____

Date of most recent Vital Signs: _____

Wt: _____ lb Ht: _____ in BMI: _____ BMI Percentile (must be above 95%): _____

Participation Information (check one)



I ___ DO ___ DO NOT recommend this patient to participate in Heathy Weight & Your Child, a four month evidence-based weight management program where he/she will engage in physical activity and nutrition education.

Comments/Pertinent Past Medical History:

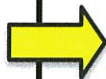
Referral Physician Information

Physician: _____ Phone: _____

Address: _____ Fax: _____

_____ Email: _____

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



Physician Signature Date

Please submit completed referral form by FAX **808.664.8821**

Questions? Call Program Coordinator, Noël Gibeau: **808.548.0951**