**FUNFitness Score Card**

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| **Athlete’s Name:**  |
| **Follow-up Recommended?**[ ]  **Yes:** See Below [ ]  **No:** Congratulations! Keep having FUN with your fitness journey. There is no additional follow-up recommended at this time.  |

**Education Provided:**

The following areas could benefit from doing exercises/applying education that was provided to you today during FUNfitness:

☐ **Flexibility** ☐ **Strength** ☐ **Balance** ☐ **Aerobic Fitness**

☐ **Sport-Specific training techniques** ☐ **Home-management techniques**

☐ **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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*See handout for specifics on exercise frequency and form*

**Referral Information**

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| Provider Type (Select all appropriate) | **Referral Type** (select one) |
| ☐ **Physiotherapist** | O *Non-Urgent:* Follow Up within 4 weeksO Urgent: Follow up within 2 weeks*Reason for referral:*☐ Flexibility ☐ Strength ☐ Balance ☐ Aerobic Fitness ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_ |
| **☐ Primary Care Provider**  | O Non-Urgent: Follow Up within 4 weeksO Urgent: Follow up within 2 weeks*Reason for referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| ☐ **Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | O Non-Urgent: Follow Up within 4 weeksO Urgent: Follow up within 2 weeks*Reason for referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |