A yellow circle with a person in the middle

Description automatically generated**FUNFitness Score Card**

|  |
| --- |
| **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**

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