Special Olympics **Health Promotion**

Health Promotion Report

Special Olympics **Health** Foundation
MADE POSSIBLE BY Golisano

Athlete's Name: **Date:**

Follow-up Recommended?

□ **Yes:** See below

□ **No:** No concerns were identified during today's Health Promotion screening. No additional follow-up is recommended.

Screening Results

Based on today's Health Promotion screening, the following measurements or screening stations may benefit from follow-up:

□ **Hydration** (dehydration, not drinking enough water, etc.)
□ **Blood Pressure** (low, high, or unable to complete)
□ **BMI / Waist Circumference** (measurement above or below the recommended range)
□ **Bone Density Screening** (bone density outside of the recommended range)
□ **Nutrition Behaviors** (not eating enough fruits/vegetables, high sugar intake, etc.)
□ **Physical Activity Behaviors** (exercises less than 3 days a week)
□ **Sun Safety Behaviors** (not using enough sun protection)
□ **Tobacco/Vape Use**
□ **Other:** _____

Referral Information

Program/Provider Type (Select all appropriate)	**Referral Type** (Select one)
□ Primary Care Provider	O **Routine Follow-Up:** Continue routine care with your current primary care provider O **Non-Urgent:** Follow up within 4 weeks O **Urgent:** Follow up within 2 weeks *Reason(s) for Referral:* □ BMI □ Waist to Height Ratio □ Blood Pressure □ Bone Density □ Food Resources □ Tobacco Cessation □ Other: _____
□ Registered Dietitian	O **Routine Follow-Up:** Continue routine care with your current registered dietitian O **Non-Urgent:** Follow up within 4 weeks *Reason(s) for referral:* □ BMI □ Waist to Height Ratio □ Food Resources □ Other: _____
□ Fitness Programming	O **Routine:** Continue with current SO Fitness program O **Non-Urgent:** Initiate Fitness programming *Reason for referral:* _____
□ Other: _____	O **Non-Urgent:** Follow up within 4 weeks O **Urgent:** Follow up within 2 weeks *Reason for referral:* _____