



The FIT Project

– Families In Training –



The FIT Project offers free family lifestyle training programs to help families become their healthiest through a community approach to wellness, fitness and nutrition education.

Every family is welcome.

The FIT Project builds community for families with school-aged children by providing education and support in a group environment. We can all thrive by combining our diverse perspectives to support common goals.

Find the right FIT for you.

No matter which FIT is best for your family, you will get the tools you need to help build a sustainable health and wellness plan for your entire household.

The FIT Project 2021 programs:

- FIT Basics: Short weekend workshops for the entire family, 4 times per year
- FIT Foundations: 8-week programs with weekly classes, 2-3 programs throughout the year; Spanish-language programs included!
- FIT Experience: 6-month training program, January-June 2021

Our team of experts:

Certified wellness coach • Certified personal trainers • Registered dietitians • Physician medical director

Want to learn more?

- Visit our website www.thefitproject.org
- Contact us with questions by calling 503.216.0880 or emailing us at info@thefitproject.org

SPECIAL NOTE: Currently, our 2021 programming will be offered virtually as we continue to practice physical distancing for everyone's safety.



The FIT Project | PREVENTION + WELLNESS

PROVIDENCE
Heart Institute



THE FIT PROJECT . CLINIC REFERRAL FORM

Please complete this form, provide the family a copy of the attached flier and either email or fax the referral form to us. Transmission is secure. (basecamp@providence.org, 503-216-7569)

Our FIT programs are open to families with school-aged children. Families do not need to be Providence patients, or Providence Health Plan members. To best support the family needs and goals, we are asking for **100% family engagement and commitment**.

Helpful Information:

- We've expanded our programming! See the options below.
- Our 2021 programming will be offered virtually.

REFERRAL INFORMATION

Clinic Name: _____ Clinic Phone: _____

Physician Name: _____

FAMILY INFORMATION

Main Contact (First & Last Name): _____

Phone: _____ Ok to text? ☐ Yes ☐ No

Email: _____

Additional family members living in the home: (List names and ages)

_____	_____
_____	_____
_____	_____

Has the family been informed of this referral? ☐ Yes ☐ No

If primary language is NOT English, please specify here: _____

Please briefly explain primary concern/goal of the referral:

Does the family have access to computer/smart device and internet? ☐ Yes ☐ No

Which program is the right FIT for the family? (Select all that apply)

- ☐ FIT Basics: Short weekend workshops for the entire family, 4 times per year
- ☐ FIT Foundations: 8-week programs, weekly classes, 2-3 programs each year
- ☐ FIT Foundations, Spanish-language: 8-week programs, weekly classes, 2-3 programs each year
- ☐ FIT Experience: 6-month training program, January-June 2021