Healthy Living Program Referral Form

The following individual has expressed interest in registering for a **Healthy Living workshop series** and has given permission for their contact information to be shared with LifePath. The individual also gives permission for LifePath to inform the referrer of their status. Once completed, please fax this referral form to Andi Waisman at **413-772-1084**,or email the form to **awaisman@lifepathma.org.**

**Individual:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or, signature of staff member verifying individual agrees:

**Medical Issue or Program Referred To** (Healthy Eating, Matter of Balance, Chronic Disease Self-Management, Diabetes Self Management, Chronic Pain Self Management, One-on-one health coaching):

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**Referrer:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_