



## YMCA REFERRAL FOR CHRONIC CONDITION PREVENTION MANAGEMENT

Provider Information: Name: Click or tap here to enter text. Clinic: Click or tap here to enter text.

Patient to be referred to:

- YMCA Diabetes Prevention Program
  - Pt has met eligibility criteria
  - A1c between 5.7-6.4 OR
  - Fasting Blood Glucose 100-125
  - BMI >25; for Asians >22
- LIVESTRONG at the YMCA-Cancer Survivorship
- Enhance Fitness-Rehabilitation & Arthritis Management
- General Health & Wellness or Fitness Support Including interest in YMCA membership
- Blood Pressure Self-Monitoring
  - Patient has been diagnosed with high blood pressure

### Patient Information

Patient Name: Click or tap here to enter text. Date of Birth: Click or tap here to enter text.

Parent or Guardian name: Click or tap here to enter text.

(If patient is a minor)

Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Primary Language: Click or tap here to enter text.

Best time to call between 8am-5pm: Click or tap here to enter text.

OK to leave a message?: Click or tap here to enter text.

OK to leave a text?: Click or tap here to enter text.

Patient consents to YMCA follow-up/outreach

- Yes       No

Other Comments: Click or tap here to enter text.

Questions? Call 907-563-3211 or e-mail [erin@ymcaalaska.org](mailto:erin@ymcaalaska.org) or secure email [hcc@ymcaalaska.hush.com](mailto:hcc@ymcaalaska.hush.com)