WASHINGTON YMCAs REFERRAL FOR CHRONIC CONDITION PREVENTION & MANAGEMENT

Health System/Clinic Location Name:

Provider Name (First & Last): **Department:**

PATIENT TO BE REFERRED TO:

[_] YMCA's Diabetes Prevention Program

Pt has met all eligibility criteria

[_] BMI≥25 (for Asians, BMI ≥23); *value* _____

AND

[_] A1c between 5.7-6.4; *enter value* _____

OR

[_] Fasting Blood Glucose 100-125 (110-125 for Medicare); *enter value* _____

OR

[_] Previous Dx Gestational Diabetes

[_] Does patient have Medicare? *(Not required)*

[_] Lose to Win – Adult Weight Management

Pt has met all eligibility criteria

[_] BMI >25 [*enter value* _____]

[_] Blood Pressure Self-Monitoring

[_] Patient has been diagnosed with high blood pressure and/or is prescribed BP medications

[_] Enhance®Fitness – Rehabilitation & Arthritis Management

[_] LIVESTRONG® at the YMCA – Cancer Survivorship

[_] ACT! - Youth Obesity Prevention Program

Pt has met both eligibility criteria

[_] BMI ≥ 85th percentile; *Enter BMI*: _____

[_] Age 8-14yrs; *Enter Age*: _____

[_] Pedaling for Parkinson's – Parkinson's Management

Pt has met eligibility criteria

[_] Patient has been diagnosed with idiopathic Parkinson's disease

[_] General Health & Wellness or Fitness Support

(including interest in YMCA Membership)

[_] Mental Health Counseling (All Ages)

[_] Patient has Medicaid

Patient Information:

Patient Name and DOB:	**DOB**: ____/_____/_____
Parent/Guardian Name (if patient is a minor):	
Phone Number:	
Email Address:	
Primary Language:	
Patient Insurance (if known):	
OK to leave a voicemail? OK to text?	[_] Yes [_] No [_] Yes [_] No
Patient consents to YMCA follow-up/outreach:	[_] Yes [_] No

Other Comments:

SEND ALL STATEWIDE REFERRALS TO YMCA of Greater Seattle SECURE FAX: 844.836.8957

Questions? Call 206.432.8904 or email ChronicDiseasePrevention@seattleymca.org