



YMCA REFERRAL FOR CHRONIC CONDITION PREVENTION MANAGEMENT

Date: ____/____/____

PATIENT INFORMATION

Name:	Date of Birth: / /	
Parent/Guardian (if patient is a minor):	Telephone:	
Email:	Primary Language:	
Preferred method of contact:	Patient consents to contact:	
Phone Call Best time	Text Email	Yes No

PATIENT TO BE REFERRED TO:

YMCA Diabetes Prevention Program <ul style="list-style-type: none"> Adult patient 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 Program <ul style="list-style-type: none"> Adult patient has (had) a cancer diagnosis Must receive medical clearance from a health care provider to participate in physical activity
Blood Pressure Self-Monitoring Program <ul style="list-style-type: none"> Adult Patient has been diagnosed with high blood pressure Has not experienced a cardiac event in the past 12 months Does not have atrial fibrillation or arrhythmia Is not at risk for lymphedema 	Healthy Weight and Your Child Program <ul style="list-style-type: none"> Child must be 7-13 years old Child BMI =/> 95th percentile Child must receive medical clearance from a health care provider to participate in physical activity An adult must attend sessions with child
General Health and Wellness <ul style="list-style-type: none"> Fitness support YMCA membership 	Comments/Recommendations:

PROVIDER REPORT

Patient is NOT cleared to exercise at this time.
 Patient is cleared to exercise with NO restrictions.
 Patient is cleared to exercise with the restrictions and/or recommendations written above.

PROVIDER INFORMATION

Name:	Clinic:		
Address:		Telephone:	
City, State, Zip:		Email:	

PROVIDER SIGNATURE:

FOR MORE INFORMATION

Contact: **Erin Widener**
 PH: (907) 563-3211
 Email: erin@ymcaalaska.org
 HIPPA secure email: hcc@ymcaalaska.hush.com

YMCA of Alaska
Lake Otis Branch
 5353 Lake Otis Pkwy
 Anchorage, AK 99507

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY