

# Better Choices, Better Health® Workshop Series

Cornell Cooperative Extension of Suffolk County  
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Questions Call: 631-727-7850 Ext. 340



**Cornell University**  
Cooperative Extension  
of Suffolk County  
*Family Health and Wellness Program*

Self-Referral

Provider Referral

## Participant Information

[PLEASE PRINT]

Participant Name: \_\_\_\_\_

D.O.B. \_\_\_/\_\_\_/\_\_\_ or CIN#: \_\_\_\_\_  Medicaid  Medicare  Other

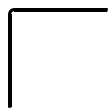
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Best time to contact: \_\_\_\_\_

May we leave a message?  Yes  No

Email (if available): \_\_\_\_\_

Language:  English  Spanish  Other (specify) \_\_\_\_\_

## DIABETES



6 weeks workshop

I understand that Cornell Cooperative Extension will inform my provider about my participation in Better Choices, Better Health Workshop Series.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

## Primary Care Provider Information

Primary Care Provider Name \_\_\_\_\_

Primary Care Practice Name \_\_\_\_\_

Practice Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_