

# Better Choices, Better Health® Workshop Series

Retired Senior Volunteer Program (RSVP)  
Email: livinghealthy@rsvpsuffolk.org  
Fax Referrals to: 631-979-9235  
Questions Call: 631-979-9490 ext. 16



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) \_\_\_\_\_

## Which Workshop?

CHRONIC DISEASE



6 weeks workshop

DIABETES



6 weeks workshop

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

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

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## Primary Care Provider Information

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

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

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

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