Better Choices, Better Health® Workshop Series

Suffolk Independent Living Organization (SILO)
Email: ldelgado@siloinc.org
Fax Referrals to: 631-946-6377
Questions Call: 631-880-7929

SILO
Suffolk Independent Living Organization
education - advocacy - empowerment

☐ 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 SILO 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 _____