Better Choices, Better Health® Workshop Series

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.___/___/_____Phone: (____)_____-_____
□ Medicaid □ Medicare 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 Living Healthy Workshop Series.

Participant Signature_____ Date_____

Primary Care Provider Information

Primary Care Provider Name _____

Primary Care Practice Name _____
Practice Contact Person _____ Phone _____
Email _____ Fax _____