

# YMCA REFERRAL FOR CHRONIC CONDITION PREVENTION & MANAGEMENT

DO NOT USE FOR URGENT OR EMERGENT REQUESTS, PLEASE CALL DEPARTMENT

(Department/Provider) \_\_\_\_\_ requesting an appointment by YMCA

## Diabetes Prevention Program

Pt has met both eligibility criteria

A1c between 5.7-6.4 or  Fasting Blood Glucose 100-125

BMI  $\geq$ 25

BMI  $\geq$ 22 if Asian

## Weight Loss Program

Pt has met both eligibility criteria

BMI  $\geq$ 25

Patient is a YMCA member or interested in joining the YMCA

## LIVESTRONG® at the YMCA – Cancer Survivorship

Patient is living with or has completed cancer treatment

## Blood Pressure Self-Monitoring

Patient has been diagnosed with high blood pressure

## ACT! - Youth Obesity Prevention Program

Pt has met both eligibility criteria

BMI >85th percentile

Age 8-14yrs

## Enhance®Fitness – Rehabilitation & Arthritis Management

Patient is living with arthritis

## Moving for Better Balance (based on principles of Tai Chi)

Patient has impaired balance or limited mobility

## Pedaling for Parkinson's – Parkinson's Management

Patient has been diagnosed with idiopathic Parkinson's disease

## PEARLS – Depression Management and Physical Activity for Older Adults

Pt has met all eligibility criteria

Age  $\geq$ 60

Diagnosis of mild to moderate depression

Patient has been diagnosed with  $\geq$ 2 chronic conditions

## Patient Information:

Patient Name:	
Phone Number:	
Email Address:	
Best time to call (between 08:00 and 17:00):	
OK to leave VM?	<input type="checkbox"/> Yes <input type="checkbox"/> No Additional comments:
OK to text?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SEND REFERRAL TO SECURE FAX: **844 836 8957** Referrals will be responded to within 72hrs

Questions? Call 206 344 3181 or [ChronicDiseasePrevention@seattleyymca.org](mailto:ChronicDiseasePrevention@seattleyymca.org)