

Paths to Health NM: Tools for Healthier Living

Referral Form

Fax completed form to:
(505) 449-4472

Email completed form to:
info-wrc@adelanteseccure.org



505.850.0176 • 575.703.2343
pathstohealthnm.org

PARTICIPANT INFORMATION

Name

Date of Birth / / **Gender** Male Female Other (please define) _____

Class/Curriculum Please choose the curriculum you are recommending for your patient. You may select more than one. Visit our website for complete descriptions of each program.

Preventing Diabetes

National Diabetes Prevention Program

Preventing Falls

- Tai Chi for Arthritis and Falls Prevention
- Tai Ji Quan: Moving for Better Balance®
- A Matter of Balance
- On the Move

Self-Management for Mental Health

Program to Encourage Active, Rewarding Lives (PEARLS)

Self-Management for Chronic Conditions

- Chronic Disease Self-Management Program (CDSMP)
- Tomando Control de su Salud
(CDSMP designed for Spanish speakers)
- Diabetes Self-Management Program (DSMP)
- Programa de Manejo Personal de la Diabetes (Spanish DSMP)
- Chronic Pain Self-Management Program (CPSMP)
- Programa de Manejo Personal del Dolor Crónico (Spanish CPSMP)
- Cancer: Thriving and Surviving Program (CTSP)
- Cáncer: Triunfando y Sobreviviendo (Spanish CTSP)
- Kitchen Creations
- Creaciones de la Cocina (Spanish Kitchen Creations)
- Walk with Ease

I understand that a **Paths to Health NM** representative may inform my healthcare provider about my participation in one of its programs.

Patient Signature

Date / /

Address

City

State

Zip

Best phone number to reach you

Best time of day to contact you

May we leave a message?

Yes No

Language English Spanish Other (specify) _____

HEALTHCARE PROVIDER INFORMATION

Name

Email

Clinic

Phone

Fax