



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# PRESCRIBE THE Y Referral Form

The following individual has indicated that he/she would like a free 30 minute Consultation at the YMCA in Greenfield and has given permission for you to contact him/her regarding one of the following YMCA programs:

- Prescribe the Y Program** - A 12-week, provider referral wellness program where participants physical needs and goals will be evaluated to determine which wellness track is best suited for them.
- YMCA Diabetes Prevention Program** - Focuses on small, measurable, and reasonable goals to give participants confidence so they can make the necessary changes to reduce their risk for type 2 diabetes and live a healthier life. Year-long program, includes Y membership with class participation.
- LiveStrong®** - 12-week program where cancer survivors can regain their physical, emotional, and spiritual strength by way of safe and effective physical activities and a supportive environment that fosters unique and positive relationships.

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

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

The YMCA staff will update the provider as to the status of this individual's wellness program.

	DATE	YMCA STAFFER	RESULTS/COMMENTS
1. Individual contacted by YMCA			
2. Individual contacted by YMCA 2nd/3rd time to schedule consultation (if needed)			
3. Individual had exercise consultation at the Y			<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Individual started YMCA program			<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Individual completed program			<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Individual plans to continue with _____ at the YMCA			

Referral provided by:

**Fax referral form to the  
YMCA IN GREENFIELD at  
413 774 4312  
or contact Stacie Baumann,  
Chronic Disease Coordinator  
413-773-3646 x449 or  
sbaumann@ymcaingreenfield.org**