



Pontiac Prescription for Health Program Referral Form

Prescription for Health is a free program that will provide vouchers to patients to purchase fresh fruits and vegetables from local markets and participate in local adult fitness programs. Throughout the course of this program, patients are eligible to receive up to **\$120 worth of fresh fruits** and vegetables and a **3 month membership to a local gym!** Please carefully read and fill out the following information.

TO BE FILLED OUT BY PARTICIPANT (PLEASE PRINT)

Today's date: \_\_\_\_\_

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred phone number: \_\_\_\_\_ (circle one- cell, home, other)

Other phone number: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_

Referring clinic: \_\_\_\_\_

Referring provider: \_\_\_\_\_

Main reason for referral: \_\_\_\_\_

Preferred form of contact: (Circle all that apply) Phone call   Text message   E-mail

*Flip over to continue* →

Check one of the responses for each following question:

1. Do you ever worry that you and/or your family will not have enough food (including fruits and vegetables) to eat?	<input type="radio"/> Yes	<input type="radio"/> No
2. Has your doctor told you that you have high blood pressure?	<input type="radio"/> Yes	<input type="radio"/> No
3. Has your doctor told you that you have another chronic disease?	<input type="radio"/> Yes	<input type="radio"/> No
4. Has your doctor told you about needing to lose weight?	<input type="radio"/> Yes	<input type="radio"/> No
5. Are you pregnant or breastfeeding?	<input type="radio"/> Yes	<input type="radio"/> No
6. Are you interested in eating more fruits and vegetables?	<input type="radio"/> Yes	<input type="radio"/> No
7. Are you interested in participating in fitness classes and/or working out in a gym?	<input type="radio"/> Yes	<input type="radio"/> No
8. Are you interested in doing group health education sessions (basic nutrition, goal setting, cooking on a budget, stress management) or cooking classes?	<input type="radio"/> Yes	<input type="radio"/> No
9. Do you have reliable transportation to get to health education session and to use your vouchers?	<input type="radio"/> Yes	<input type="radio"/> No
10. Are you willing to commit to using your vouchers each month to buy fresh fruits and vegetables and participating in at least one health education session each month during the program (approx. July-September)?	<input type="radio"/> Yes	<input type="radio"/> No