



Referral Form

www.getwithitwomen.org

Health Care Provider Information - Please Print

Health Care Provider (First, Last, Title):

Organization:

Fax Number: ()

Phone: ()

Email:

Have you discussed the Get With It program with the patient? Yes No

Is the Patient less than two years postpartum perimenopausal or menopausal

All women may participate in the program. The groups listed above are target groups.

Patient Information - Please Print

First Name:

Last Name:

Middle Initial:

Mailing Address:

Phone Number: ()

Alternate Phone Number: ()

Email (if applicable):

Language Preference (Check One): English Spanish Other

The Get With It staff can call me during the following times (check all that apply).

7am - 10am

10am - 1pm

1pm - 4pm

4pm - 7pm

7pm -9pm

I give my consent for the Get With It program staff to call me.

(Patient Signature):

Fax to: 423-442-5746

Get With It is a collaborative of Women's Wellness and Maternity Center and the GWI Collaborative
3459 New Hwy. 68 -P.O. Box 115- Madisonville, TN 37354
423-442-6624 or 1-800-440-3385

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OFFICE USE ONLY

Date: _____

ID: _____