



HEALTHY WOMEN/HEALTHY BODIES

Women's Diabetes & Obesity Prevention Classes

A series of three classes free of charge for women ages 18-49 with a Body Mass Index (BMI) of 30 or more.

Referring agency: *Eligible clients for enrollment are women ages 18-49 with BMI \geq 30.*

Please use the following questions to help you determine eligible client's readiness/interest in class series.

Do you worry about your weight and about becoming diabetic? Yes _____ No _____

On a scale of 1 to 10: (1 is not ready---10 is ready) how ready are you to change your diet and daily activity to reduce your weight and diabetes risk? _____

Are you interested and able to attend 3 classes to learn how you can reduce your weight and diabetes risk? Yes _____ No, not at this time _____ Comment _____

Client Consent Signature: (REQUIRED: IF self-referring please sign consent and fill in contact information)

With the signature below I give my consent for the referring agency (If appropriate) and SJC Public Health Services to enroll me in HEALTHY WOMEN/HEALTHY BODIES a diabetes and obesity prevention program consisting of three, two hour classes, on three consecutive weeks. I understand that my participation is voluntary, and I agree to arrive on time and complete all three sessions.

SIGNATURE OF PARTICIPANT _____

CONTACT INFORMATION: To be completed by referring agency. Please print:

Name: _____ DOB: _____
First Name Last Name

Mailing Address: _____ City: _____ Zip Code: _____

Primary Phone Number: _____ Contact Phone Number: _____

What is your primary language spoken? _____

Will you need childcare? _____

Name of Referring Agency: _____

Referring Agency Phone Number: _____

Referring Agency Mailing Address: _____

Name of Agency Contact Person: _____

Body Mass Index (BMI) at time of referral: Date: _____ Result: _____

Follow up BMI Date: _____ Result: _____