

# Paths to Health NM: Tools for Healthier Living



## Referral Form

Fax Referral Form to:  
**(505) 222-8602**



### PARTICIPANT INFORMATION

Name

Class/Curriculum

Date of Birth

/ /

Gender

Male

Female

*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