MARYLAND Living Well CENTER of EXCELLENCE

REFERRAL TO Living Well Chronic Disease Evidence-Based Self-Management and Falls Prevention Workshops

These workshops will provide your patients with the skills and knowledge to better manage their chronic conditions. With their permission, a 3-month action plan and goal will be shared with you at the end of the workshop.

Patient Name: ____

Gender: ☐ MALE ☐ FEMALE

Address: ____

City: _________________________________ State: _________ Zip Code: _______________

Phone Number: _____________________________ E-mail _______________________________

Chronic conditions____

Living Well Workshops

Refer patient to these programs	Self-Management Workshop
	Chronic Disease Self Management Workshop (6 weeks)
	Diabetes Self Management Workshop (6 weeks)
	Chronic Pain Self Management Workshop (6 weeks)
	Cancer Thriving & Surviving Workshop (6 weeks)
	Hypertension Workshop (1 week)
	Stepping On Falls Prevention Workshop (7 weeks)
	Stepping Up Your Nutrition (1 week)
	PEARLS

Referring Physician:____

Phone _____________ Fax number: ________________ E-mail________________________

Scan and email referral to:

Maryland LWCE
angelajanas@outlook.com