



Step up Seneca Get- Active, Be Well 2011 Referral Form

The New York Chiropractic College (NYCC) and the Seneca County Public Health Department (SCHD) are partnering to improve the health and level of physical activity among Seneca County residents. A limited number of free 6 month memberships to the NYCC Athletic Center will be offered to Seneca County families and individuals who meet specific criteria. Once referrals are received you will receive a phone call from the project manager Mary Jo Flynn to discuss your readiness to commitment to an exercise program and nutritional consultations. If you would like to refer yourself, have a patient, client or know of an individual or a family that could benefit from this program please complete the following referral form and return to:

Mary Jo Flynn, MS(c), RN Deputy Director Public Health

Seneca County Health Dept. 31 Thurber Drive Waterloo, NY 13165

Fax: (315) 539-9493

Phone: (315) 539-1930

E-mail: mflynn@co.seneca.ny.us

_____ Referral for Individual

_____ Referral for Family

Name(s) : _____ Ages _____

Address:

_____ *Street* _____ *City* _____ *State* _____ *Zip*
Phone: () _____ E-mail: _____

Children's' Names _____

Children's Ages _____

How did you hear about the program?

If referring an individual or family they should be informed and accepting of this referral.

Referred by: _____

Name and Contact Information



Step Up Seneca- Get Active, Be Well Agreement Form

I understand and agree to the following terms and conditions as requirements to my participation in the Step Up Seneca Get Active Be Well Program with the Seneca County Health Department and the New York State Chiropractic College. If I am selected to participate in the program, I agree to the following terms:

- ✓ I agree to complete an initial intake visit or phone call with a representative from the Seneca County Public Health Department to discuss my level of willingness to commit to a six month physical activity program.
- ✓ I agree to use the NYCC facilities at least ten (10) times during a month if I do not understand that my membership may be subject to discontinuation.
- ✓ I understand entrance into the Athletic Center requires the swiping of an ID Card, which is recorded.
- ✓ I agree to sign a sign-in sheet upon entrance into the Athletic Center.
- ✓ Failure to meet the monthly usage requirement for a second month will result in the termination of the membership through this Joint Use Agreement.
- ✓ I agree to an initial nutritional consultation during the six month membership and three progress visits with the nutritionist.
- ✓ I agree to participate in a Bio-Metric Screening prior to starting the program and upon completion of the program. This includes blood pressure, height and weight, BMI, fingerstick for cholesterol and glucose. This will be completed at the Seneca County Health Department. Informed consents will be obtained to share these results with your primary care physician and the NYCC.

Signature

Date

_____ Intake completed by SCDOH

Date of Intake: _____

_____ Sent to NYCC

Date: _____