



Nutritional Options for Wellness (NOW) Referral Form

Diagnosis: Cardiovascular Disease Diabetes Renal Disease

Participant Demographic Info

Name: _____

Address: _____

City: _____ Zip: _____ DOB: _____ Age: _____

Phone: _____ Last Four Digits of Soc. #: _____

Assistance Program: SNAP WIC SSI Race/Ethnicity: _____

- Address and Zip help us to place the participant at a pantry near to his/her home.
- NOW participants must be between the ages of 18 – 65. Patients over 65 should be referred to Senior Pantry (616.364.1104) or Meals on Wheels (616.459.3111).
- The last four digits of the participant's social security number are required (for all pantry users county-wide) for tracking and identification within the Access pantry network.
- Assistance program helps us to determine financial eligibility.

Participant Lipid Panel Info

BMI: _____ Weight: _____ Height: _____ HDL: _____ LDL: _____ Trigs: _____

Total Cholesterol: _____ Blood Pressure: _____/_____ A1C: _____ (Diabetes only)

- This info is crucial to tracking the effectiveness of the NOW program. Without this info, we cannot measure the patients, or the programs, success. Because of this, referrals with incomplete lipid panel info cannot be processed*.

* LDL may not always be available due to Trigs #. In this case, incomplete info is ok.

Referral Info

Referrer Name: _____

Phone: _____ Fax: _____ Clinic: _____

Email: _____

Send this form in one of the following ways:

- **Upload** this form into Michigan Health Connect. Need help with Michigan Health Connect or not sure what it is? Call 877.269.7860 or email support@michiganhealthconnect.org.
- **Email** this form to: Emma@accessofwestmichigan.org
- **Fax** this form to: 616.988.8714

For general questions contact Emma at Access of West Michigan at: 616.284-4705

Upon acceptance, the patient will receive a letter with a pantry assignment and instructions to call to set up an orientation. Each referral is good for one year, pending completion of program requirements.