



Select the program you wish to refer to:

- HEALTH COACH (**one-one support** for health behavior change through *self-management support and skill building*)
- IMPROVING HEALTH MY WAY (6 week **group** program to help people *live healthy with their chronic condition*)
- Unsure (*The self-management coordinator will follow-up to determine appropriate program*)

Please complete the information below to complete your referral and to get more information and forward to:

**Self-Management Program**  
James Paton Memorial Regional Health Centre, Level 3  
125 Trans-Canada Highway, Gander, NL A1V 1P7  
(p) 709-256-5997/884-4282 (f) 709-256-5629  
[selfmanagement@centralhealth.nl.ca](mailto:selfmanagement@centralhealth.nl.ca)

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

MCP: \_\_\_\_\_ DOB: \_\_\_\_\_

Referral Name & Title: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name, contact number, and address are required for purpose of contacting to initiate participation



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