



Living Well & Healthy Living with Diabetes

Self-management workshops for your patients with diabetes or other chronic conditions

FAX Referrals to: 262-605-6649

Questions? Renee.foy@kenoshacounty.org or 262-605-6650

Please make sure that this referral is filled out completely and signed by the referred patient.

Patient Information

This referral is being made to: Living Well Healthy Living with Diabetes

Patient Name: _____

Date of Birth: ___/___/___ Gender: Male Female

I understand that Kenosha ADRC will inform my provider about my participation in the Living Well workshop.

Patient signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Best phone number to reach you: _____

Best time of day to reach you: _____

May we leave a message? Yes No

Provider Information

Provider Name: _____ Email: _____

Facility: _____

Phone: _____ Fax: _____

For additional information on either of these self-management programs please visit adrc.kenoshacounty.org and go to the Health and Wellness tab and click on Healthy Living