

Positive Strategies for Healthy Lifestyles Referral Form
(Please Print)

Name: _____

Agency: _____

Job Title: _____

Contact Phone: _____

Referred Name: _____

Date of Birth: _____ Current Age: _____ Male Female

1) Why have you referred this person to this class? _____

2) Is this person required to attend this class? Yes No

If yes, should we contact you if this person is non compliant? Yes No

3) Does the person you are referring have a history of drug or alcohol abuse?
 Yes No Don't know

4) Please list all of the known rehabilitation programs that this person has attended

Other Comments: _____

Please fax or email this form to 231-724-3113 or healtheducation@co.muskegon.mi.us.
This form is also available at www.muskegonhealth.net.

Customer attendance requirements:

All customers must complete all classes in a series to receive certificate of completion from PHMC.

All customers must attend the 1st class in the series in order to attend following sessions in any particular series. If the customer misses the first session in a series for any reason, they will not be given credit for completion of that particular series and will be required to reregister for another sequence of classes in order to receive credit.

If necessary, customers may be granted absence from one session following the first session; however, this session must be made up within the next 90 days in order for the customer to receive credit for completion. Make ups will not be allowed after the 90 day period. All customers requesting to make up a session beyond the 90-day period will be required to reregister and retake the entire series of sessions to receive credit.

All customers required to attend this class by an outside agency, organization, or individual, are required to have a referral form from the referrer on file before registering for any series of classes.

Please Note: The number of customers accepted for each class is at the discretion of the health educator facilitating the class and is subject to change depending on class facilitation requirements. Under normal circumstances, no more than 25 customers will be accepted for any one series of classes.

Referral form received by: _____

Referral form reviewed by: _____