



WISEWOMAN Participant Consent for Referral to the Walk With Ease Program

Participant Name: *(printed)* _____

By providing a signature on this form, or by telling the WISEWOMAN Local Program Health Coach listed at the bottom of this form on the date noted below, I agree that I am interested in participating in the **Walk With Ease Program** provided by CHPcommunity. I consent to have my WISEWOMAN Health Coach give my name, telephone and/or email address to the CHPcommunity Navigator who will give me more information and help me sign up for the **Walk With Ease Program**.

In-Person Consent:

Participant Signature _____ Date _____

Spanish Language

Verbal Consent:

Participant Initials _____ Verbal Consent Date _____

Spanish Language

WISEWOMAN Local Program _____

WISEWOMAN Health Coach Name _____

WISEWOMAN Health Coach Signature _____

A copy of this form will be provided to the WISEWOMAN Participant and the original form will be kept in the participant's file at the WISEWOMAN Local Program.

Consent to share WISEWOMAN participant contact information with CHPcommunity Navigator