



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 is will be provided to the WISEWOMAN Participant and the original form will be kept in the participant’s file at the WISEWOMAN Local Program.