

St. Clair County Community Mental Health Authority
In-Shape/Bfit/Health Matters Program Referral

Please pick the program your individual is applying for:

☐  **HealthMatters™ Program**

☐ **Bfit**

☐  **InSHAPE®** Shaping the future
of mental health™

All referrals must be sent to In-SHAPE clerical staff

Individual	
Case Number	
Primary Care Physician	
Case Holder	
Reason for needing InSHAPE	<input type="checkbox"/> Diabetes (Type I or II) <input type="checkbox"/> Obese (BMI 30 or greater) <input type="checkbox"/> Cardiovascular Disease <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Other:

*****Clerical Staff Only*****

Date Referral Received	
Date Medical Clearance Sent	
Date Medical Clearance Received	