

PATH2Wellness

HEALTHY AGING PROGRAMS @ CHN

Name : _____ Date of Birth : _____

Phone : _____ Email Address : _____

Home Address : _____ Referred by : _____

Are you interested in reporting your weekly steps via FitBit or pedometer? : ☐ Yes ☐ No

Are you cleared for physical activity by your physician? : ☐ Yes ☐ No

Do you have any of the following? : ☐ Cellphone (with camera) ☐ Computer (with camera)

☐ Cellphone (without camera) ☐ Tablet (with camera) ☐ Stable internet connection (WiFi)

Do you utilize any of the following? :

☐ Personal Vehicle ☐ Public Transportation ☐ Ridesharing (Lyft/Uber)

Please select all of the following activities/services that you are interested in :

- | | | |
|--|--|---|
| <input type="checkbox"/> Healthy Aging Social Circles | <input type="checkbox"/> Aging Service Coordination | <input type="checkbox"/> Group Field Trips (Museum, Art Walk) |
| <input type="checkbox"/> Intergenerational Arts Programming | <input type="checkbox"/> Peer Leadership | <input type="checkbox"/> Community Resource Sessions |
| <input type="checkbox"/> Artist-led Shadow Box Creation Workshop | <input type="checkbox"/> Research Opportunities | <input type="checkbox"/> Aging Positively - Psychosocial Support Groups |
| <input type="checkbox"/> Denver Botanic Gardens/Park Walks | <input type="checkbox"/> <u>I consent to opting into emails about upcoming events</u> | |

For more information contact Healthy Aging Programs:

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