



Connecting patients to community programs and services!

Iowa Community HUB Referral Form

Date: _____ **Cleared for Program with Physical Activity** **Y** **N**

Referred Individual Name: _____ DOB: _____

Spanish speaking language other than English _____

Phone number: _____

Email: _____

Referring Provider (Print Name): _____

Referring Provider Clinic: _____

Referring Provider Phone Number: _____

Referring Provider Fax Number: _____

Signature: _____

PROGRAM TYPE (if known): i.e., Arthritis, Pre/Diabetes, Falls Prevention, etc. _____

Renee Allard - HUB Administrator

Email: rallard@iacommunityhub.org

Phone: 515-635-1285

Fax: 515-635-1286

Website: www.iacommunityhub.org



The Iowa Community HUB is a nonprofit community care hub working with health care providers to connect Iowans with meaningful evidence-based programs. HUB Navigators provide information on available community resources, social support, and advocate for individual health needs. The HUB's secure platform manages referrals, enrollment and program data and provides ongoing feedback to health care providers to improve health outcomes, with a special emphasis on reaching underserved populations.