WISEWOMAN Group Sign-In Sheet

Participant Name (Please Print)	Participant Signature	Date	ID (Office Use Only)

Nutrition ☐ **Physical Activity** ☐ **Smoking Cessation** ☐

Time: **30 minutes** ☐
60 minutes ☐

Lifestyle Counselor Name (Print): _____ **Contact Date:**_____

Lifestyle Counselor Signature: _____