Women’s Health Initiative

(Inclusive Name Change Incoming September 2023)

Please confirm what partners you shared your WHI information sheet with. At minimum:

1. If you are a Primary Care Site please share with 1 Specialty Practice. If you are a Specialty Practice, please share with 1 Primary Care Practice.
2. Two Community Partners

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Date:

Primary care/Specialty care:

Community Partner:

Community Partner:

Other:

Community Partner:

Community Partner:

**Please email all completed form to** [**Averiel.Hossley@partner.vermont.gov**](mailto:Averiel.Hossley@partner.vermont.gov)