

# Wellness Center Referral

Today's Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Phone: \_\_\_\_\_

\*60-Day Referral Program (\$60 fee)

Cancer

Hypertension

Pre-Diabetes

Parkinson's

Diabetes

General Decondition

Other: \_\_\_\_\_

Therapeutic Massage\*

Diabetes Prevention Program\*

Nutritional Programs\*

Other: \_\_\_\_\_

\*Additional Fees May Apply

Restrictions: \_\_\_\_\_

*This referral indicates that my patient can benefit from an exercise program and has medical approval to participate at Hancock Wellness Center.*

Physician / Healthcare Provider Name: \_\_\_\_\_

Physician / Healthcare Provider Signature: \_\_\_\_\_

Physician / Healthcare Provider Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Physician / Healthcare Provider Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*The **60-Day Referral Program** requires this form to be completed. To get started, fax this form to Hancock Wellness Center and/or give the form to your patient to bring in. We will contact your patient to schedule their fitness assessment. The cost is \$60 for 60 days (2 months). The supervised sessions last approximately 30-60 minutes and can be scheduled Monday-Friday 8 AM - 7 PM and Saturday-Sunday 8 AM - 2 PM, by appointment.

**Greenfield:**

**Phone: 317-468-6100**

**Fax: 317-468-6122**

**McCordsville:**

**Phone: 317-335-6939**

**Fax: 317-336-5296**

\*\* To schedule Physical Therapy appointments, please call 317-468-4600