



Wellness Center Physician Referral Program

Today's date: _____

Patient name: _____

Patient telephone: (_____) _____ DOB: ____/____/____

- 60-day referral program – \$60 fee (program may not be repeated)
 - Diabetes General de-condition
 - Hypertension Cardiac rehabilitation, Phase 3
- Diabetes Prevention program (prediabetes) – additional fees apply
- Cancer Fit Club – \$30/mo.
- Rock Steady (Parkinson's) – \$50/mo.
- Nutritional programs – additional fees 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 telephone: (_____) _____

Physician/healthcare provider fax number: (_____) _____

The **Wellness Center Physician Referral Program** requires this form to be completed. To get started, fax this completed form to Hancock Wellness Center or have your patient bring it to one of our locations. We will then work with your patient to schedule their fitness assessment.

The supervised sessions are by appointment and last 30–60 minutes. Sessions may be scheduled from 8 a.m.–8 p.m., Monday–Friday, as well as from 8 a.m.–4 p.m. on Saturday & Sunday.

Greenfield

Phone: (317) 468.6100
Fax: (317) 468.6122

McCordsville

Phone: (317) 335-6939
Fax: 317-336-5296

OUR MISSION

To be a Caring Community Partner by healing, improving health and wellness, alleviating suffering, and delivering acts of kindness one person at a time.

OUR VISION

To be nationally recognized for kindness in the delivery of excellent quality patient care, efficient and effective operations, the adoption of proven technologies, the creation of a positive workplace environment, and excellence in community service.

OUR VALUES

- Compassion
- Respect
- Integrity
- Excellence
- Commitment



Visit us online

HancockWellness.org



Greenfield

888 W New Rd
Greenfield, IN 46140
(317) 468.6100

McCordsville

8505 N Clearview Dr
McCordsville, IN 46055
(317) 335.6939

Expect the **Extra**ordinary