

MEDICAL CONTINUATION REFERRAL



Date: _____

- Physician Referral
- Therapist Referral

- Step 1:** Obtain this referral form from your therapist, physician or The Lifestyle Center.
- Step 2:** Talk to your doctor or therapist about your continuation of care through The Lifestyle Center. Identify any problems or focus areas.
- Step 3:** After discussing your options with your therapist or physician, have either sign this form and indicate any special precautions or instructions.
- Step 4:** Bring this referral into The Lifestyle Center and speak with a Membership Representative about your complimentary 30-Day membership.
- Final Step:** Make your commitment to health and fitness by joining The Lifestyle Center before your 30-Day complimentary membership is over to receive lowest joining fees offered.

Patient Name:	DOB:	Phone:
Address:	City, ST:	Zip Code:

Reason(s) for referral: (Key Diagnosis)

Special instructions/ Precautions:

Past Medical History Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Exercise Program Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Patient is being referred for Specialized Programming indicated below:

- Healthy Heart Class
- Supervised Walking Class
- Maternity Program
- Smoking Cessation (Membership is not required)
- Breathing Easy Pulmonary Class
- Weight Management / Nutrition Education
- Wellness Club for Cancer Survivors
- Scholarship Program (Requires application to support medical and financial need)

This patient has been under my care and I am recommending this patient for membership considerations in the Medical Continuation Referral program established by The Lifestyle Center, a division of Kaweah Delta Health Care District.

Signature: _____ **Date:** _____

Physician / Therapist *name or practice (print)* _____ **Office # :** _____

This referral is valid for 30 days from date signed and is non-transferable. Membership option will expire upon the last day of the complimentary 30-day membership trial. For current discounts regarding this program, please speak to a membership representative or call (559) 624-3409 or (559) 624-3410. This referral is not a promise of membership or access to any of Kaweah Delta Health Care District's facilities or programs and is subject to change without notice.