



The Cantrell Wellness Center  
405 Osigian Boulevard  
Warner Robins, Georgia 31088  
478.333.6777  
478.953.0353 fax

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# WELLNESS REFERRAL FORM

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\_\_\_\_\_ would like to participate in The Cantrell Center's Wellness Program. The Cantrell Center provides the opportunity for individuals to meet personal health and fitness goals with the guidance of our exercise physiologists and experienced staff.

Individuals must be examined by a physician in order to become a member of The Cantrell Wellness Center. We will tailor a specific wellness program for this client based on the information provided by his/her physician. Please complete this form on behalf of your patient, utilizing the critical areas provided.

I have examined \_\_\_\_\_ and have found to be in good health and ready to participate in a personalized wellness program.

<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Elevated Serum Triglycerides	<input type="checkbox"/> Transplant	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Osteoporosis/Osteopenia	<input type="checkbox"/> Joint Replacement	<input type="checkbox"/> Incontinence (Bladder/Bowel)
<input type="checkbox"/> Endurance Training	<input type="checkbox"/> Weight Control	<input type="checkbox"/> Pediatric Weight Control

Comments/Special Instructions:

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Physician Name

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Address

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Phone Number

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Physician Signature

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Date