

**UFH/Kennedy Fitness and Wellness  
Physician Referral Form**

Patient is cleared for unsupervised exercise. (Please check box if accurate.)

Precautions/limitations/special conditions we should be aware of:

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**Patient Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I authorize Kennedy Health and Fitness to share monthly scan reports with Unite for HER in order to remain eligible for UFH funding. Initial here to acknowledge: \_\_\_\_\_

**Physician/Medical Provider Information:**

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

- Be sure to mention you are a Unite for HER participant and bring identification to your first visit.
- You must use the facility at least four times a month in order to keep the membership active.
- If you have questions regarding this program, please contact Unite for HER at [info@uniteforher.org](mailto:info@uniteforher.org).

**Please bring this completed form to your first visit in order to begin your membership. We are looking forward to having you as a part of our Kennedy Fitness and Wellness family.**



**YOUR FITNESS PARTNER SINCE 1979**

## **Kennedy Fitness and Wellness**

405 Hurffville  
Crosskeys Rd  
Sewell, NJ 08080  
Phone: 856.582.2180

Dear Participant:

Kennedy Fitness and Wellness is looking forward to having you join our family! Each Unite for HER participant will receive a six-month individual membership.

We will provide each new member with a monthly consultation with one of our trainers to help you navigate all areas of the club and to help connect you and be there to support you through your wellness journey. This consultation is at no additional cost to you.

Please contact me if you have any questions about getting started.

Hope to see you soon!

Sincerely,

John Morone  
856-582-6793

