



PEAC

HEALTH · FITNESS · COMMUNITY

1440 Lower Ferry Rd. • Ewing, NJ 08618
609.883.2000 • PEAChealthfitness.com

PEAC Physician Referral Authorization

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

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

Patient Information:

Name: _____

Phone: _____ Date of Birth: ____/____/____

I authorize PEAC 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.

**Please bring this completed form to your first visit in order to begin your membership.
We are looking forward to having you as part of the PEAC community.**

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Dear Participant:

PEAC is looking forward to having you join our family! Each Unite for HER participant will receive a six-month individual membership. Please bring your completed physical referral form to activate your membership

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

Hope to see you soon!

Sincerely,
Doug Steinly, General Manager
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