



**Ignite Fitness  
Physician Referral  
Authorization**

\_\_\_\_ Patient is cleared for unsupervised exercise. (Please check line if accurate.)  
Precautions/limitations/special conditions we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Patient Information:**

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

**Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I authorize \_\_\_\_\_ 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 Melissa Christie at Unite for HER at [mchristie@uniteforher.org](mailto:mchristie@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 Ignite Fitness.**  
[info@uniteforher.org](mailto:info@uniteforher.org) 610-662-2902 [www.uniteforher.org](http://www.uniteforher.org) [www.ignitefitnessnewtown.com](http://www.ignitefitnessnewtown.com)



36 Richboro Rd. Suites C & D  
Newtown, PA 18940  
267-410-1284

Dear Participant:

Ignite Fitness 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 wellness consultation with one of our instructors to help you navigate all of our class formats and to help connect you and be there to support you through your wellness journey. Our skilled instructors are welcome & provide modifications for everyone.

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

Hope to see you soon!

Sincerely,  
Chris Lanctot  
Owner & Instructor  
[ignitefitnessnewtown@gmail.com](mailto:ignitefitnessnewtown@gmail.com)  
267-410-1284