



GoStrong Fitness Physician Referral Authorization

Patient Name _____

Please check line if the patient above is cleared for physical exercise. _____

Please list any precautions, limitations, and/or 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: _____

Helpful Tips:

1. Contact Bernai@GoStrongFitness.com for class schedule and sign-in link. Title message *Unite for Her New Participant*.
2. You must attend 4 sessions a month to keep the membership active. Please communicate if you need to pause membership due to health limitations.
3. If you have questions regarding this program, please contact Melissa Christie at Unite for HER at mchristie@uniteforher.org.
4. **Please email Bernai or bring this completed form to your first visit. We can't wait to see you!**



GoStrong Fitness
Online & In-Person
(Operating at 2036 Briggs Rd., Mt. Laurel, NJ)

Dear Participant:

GoStrong Fitness is honored to walk you in your fitness journey. We are excited to offer a 6 Month Individual Membership through Unite for HER!

Each new member is eligible for a complimentary fitness consultation with a trained fitness/wellness coach to learn what makes you the amazing person you are, hear about your goals, and learn the best ways to serve you! We will also go through the class schedule and how to navigate our Fitness App. We believe every person can live a healthy life and move with intention therefore, modifications are offered and encouraged if needed.

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

Hope to see you soon!

Yours in Health & Strength,
Bernai Holman
Owner & Lead Healthy Lifestyle Coach
Bernai@gostrongfitness.com
609-284-9828