

Dear Angela Dalleck ,

I would like to refer _____ (client's name) to the **Wellness Elevated Program**.

Physician Name: _____ Date: _____

Provider: _____ Fax: _____

Signed _____ (Physician)

Clients contact Information:

Name: _____ Phone Number: _____

Reason for Referral {i.e. risk factor management, rehabilitation (musculoskeletal, cardiovascular) disease management, mental health, education}

Restrictions for client {i.e. lifting/movement restriction, exercise intensity restriction}

Please attach any medical information that may be relevant to appropriate Exercise Prescription:

Please give information sheet to your patient, and kindly fax/e: mail the referral to the following address:

Angela Dalleck
Manager, **Wellness Elevated**
adalleck@western.edu

Office phone: (970) 943-2179
Office Fax: (970) 943-7125

Thank you for partnering with us in the continued care of your clients overall health.