



CLINICAL MEMBERSHIP REFERRAL FORM

HARPER STUDENT CENTER
45 COURTENAY DRIVE • CHARLESTON, SC 29425
PHONE: 843-792-4402 • FAX: 843-792-1506

NAME OF PATIENT _____ PHONE: _____

PATIENT'S ADDRESS: _____

AGE: _____ (MUST BE 18 YEARS OR OLDER) GENDER: FEMALE MALE

REASON FOR REFERRAL: _____

The staffing and layout of the Wellness Center accommodates members who are medically stable to exercise and can safely/independently use the exercise equipment. Personal Trainers and Fitness Assessments are available for members who desire a personalized exercise program or ongoing supervision. Fitness Assessments are highly recommended for persons who are starting a new fitness program, persons with known heart disease, or persons with risk factors for cardiac disease (diabetes, high blood pressure, smoking, men >45 years, women >55 years).

REFERRING HEALTH PROVIDER: _____
(Please Print)

ADDRESS: _____

PHONE: (_____) _____

PROVIDER'S SIGNATURE: _____