



The guiding principles of Exercise is Medicine – designed to help improve the health and well-being of our nation through regular physical activity – are shared by the American College of Sports Medicine (ACSM) and the American Medical Association (AMA).

Balance Right Fitness & Wellness Inc.  
Virtually Anywhere & Hybrid Clinics with Physicians

# Physician Referral Form

(PLEASE PRINT)

I am referring (patient name) \_\_\_\_\_ to start a program of physical activity and wellness.

Patient Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Patient DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Physician/ARNP/PA: \_\_\_\_\_ Signature: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Office Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ Office Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

➤ Would you like to receive a progress/outcomes report every three months from the HWC? Yes  No

If yes, do you prefer:  fax  email \_\_\_\_\_

➤ Please indicate any physical limitations/guidelines: \_\_\_\_\_

Please check all health conditions that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ALZHEIMER'S DISEASE           | <input type="checkbox"/> CHRONIC OBSTRUCTIVE PULMONARY DISEASE      | <input type="checkbox"/> MULTIPLE SCLEROSIS                    |
| <input type="checkbox"/> AMYOTROPHIC LATERAL SCLEROSIS | <input type="checkbox"/> CHRONIC RESTRICTIVE PULMONARY DISEASE      | <input type="checkbox"/> MUSCULAR DYSTROPHY                    |
| <input type="checkbox"/> ANEMIA                        | <input type="checkbox"/> COGNITIVE DISABILITY                       | <input type="checkbox"/> OSTEOPOROSIS                          |
| <input type="checkbox"/> ANEURYSM                      | <input type="checkbox"/> POST CORONARY ARTERY BYPASS GRAFT SURGERY* | <input type="checkbox"/> POST ORTHOPEDIC SURGERY               |
| <input type="checkbox"/> ANGINA*                       | <input type="checkbox"/> CYSTIC FIBROSIS                            | <input type="checkbox"/> PACEMAKER OR IMPLANTABLE CARDIOVERTER |
| <input type="checkbox"/> POST ANGIOPLASTY/STENT*       | <input type="checkbox"/> TYPE 1 DIABETES                            | <input type="checkbox"/> DEFIBRILLATOR                         |
| <input type="checkbox"/> ARTHRITIS                     | <input type="checkbox"/> TYPE 2 DIABETES                            | <input type="checkbox"/> PARKINSON'S DISEASE                   |
| <input type="checkbox"/> ASTHMA                        | <input type="checkbox"/> END-STAGE METABOLIC DISEASE                | <input type="checkbox"/> PERIPHERAL ARTERIAL DISEASE           |
| <input type="checkbox"/> ATRIAL FIBRILLATION           | <input type="checkbox"/> EPILEPSY                                   | <input type="checkbox"/> POLIO OR POST-POLIO SYNDROME          |
| <input type="checkbox"/> FOLLOWING A BRAIN INJURY      | <input type="checkbox"/> FOLLOWING A HEART ATTACK*                  | <input type="checkbox"/> EXERCISING SAFELY DURING PREGNANCY    |
| <input type="checkbox"/> CANCER                        | <input type="checkbox"/> HYPERLIPIDEMIA                             | <input type="checkbox"/> STROKE                                |
| <input type="checkbox"/> POST CARDIAC TRANSPLANT       | <input type="checkbox"/> HYPERTENSION                               | <input type="checkbox"/> VALVULAR HEART DISEASE                |
| <input type="checkbox"/> CEREBRAL PALSY                | <input type="checkbox"/> LOWER BACK PAIN                            | <input type="checkbox"/> VISUAL IMPAIRMENT                     |
| <input type="checkbox"/> CHRONIC HEART FAILURE         | <input type="checkbox"/> POST LUNG TRANSPLANT                       | <input type="checkbox"/> WEIGHT MANAGEMENT                     |
| <input type="checkbox"/> OTHER: _____                  |   | <input type="checkbox"/> Bariatric                             |

Please Fax the patient's current medical history and this form to (813) 518- 0226 or encrypt the email to [Balancerightfitness@gmail.com](mailto:Balancerightfitness@gmail.com)



Top tier Clinical Exercise Physiologists, Nurses, Strength and Conditioning Specialists, and Nutrition and Dietician Coaches assess and design individualized plans of care for each unique patient. We work with General Fitness, athletes, and Chronic Disease management.



**BALANCE RIGHT**  
FITNESS & WELLNESS

Fax # (813) 518- 0226

Phone (352) 206- 4697

**Physical Medicine Member Benefits**

Self Pay with Possible Insurance Reimbursement

Comprehensive Assessments and Individualized Exercise Prescription & Wellness Plan

Monitoring & Education

Behavioral Counseling

NPI 1952033912 Taxonomy 224Y00000X  
Respiratory, Developmental, Rehabilitative  
And Restorative Service Providers