



2617 Phillips Dr. • Jonesboro, AR 72401  
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# Cancer Well-fit Referral Form

## CLIENT INFORMATION

Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (        ) \_\_\_\_\_

DOB: \_\_\_\_\_

Diagnosis and Stage: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Please indicate:

➤ Type of treatment                       Chemo             Radiation             Both

➤ Body weight        \_\_\_\_\_                      Blood Pressure \_\_\_\_\_

Any areas of concern \_\_\_\_\_

Mr. / Ms. \_\_\_\_\_ is medically cleared for participation in the **NEA Clinic Wellness Works Cancer Well-fit** program.



As a part of the program, the Wellness Center staff will be checking the participant’s height, weight, body composition, as well as, surveying their lifestyle habits. Each participant will receive a Quality of Life assessment. A summary report of your patient’s participation and results will be sent to you. Please provide your contact information below.

Physician Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

We look forward to working closely with your patient, to help them optimize their health and attain a greater sense of “wellness” in all aspects of their life. It takes a team effort to achieve success in changing behaviors and we welcome you and your patient to our team!