



UFH/Kennedy Fitness: A Jefferson Health Affiliate Physician Referral Form

Patient is cleared for unsupervised exercise	e. (Please check box if accurat	re.)
Precautions/limitations/special conditions we	e should be aware of:	
Patient Information:		
Name:		
Phone:	Date of Birth:	//
I authorize Kennedy Fitness: A Jefferson Healt Unite for HER in order to remain eligible for U	•	•
Physician/Medical Provider Information:		
Name (print):		
Signature:		
Date: Ph	ione:	

- Be sure to mention you are a Unite for HER participant and bring identification to your first visit.
- You must use the facility at least four times a month in order to keep the membership active.
- If you have questions regarding this program, please contact Unite for HER at info@uniteforher.org.

Please call 856-478-0060 to schedule an appointment and bring this completed form to your first visit in order to begin your membership. We are looking forward to helping you on your health and wellness journey at Kennedy Fitness: A Jefferson Health Affiliate.



Kennedy Fitness: A Jefferson Health Affiliate

167 Bridgeton Pike Mullica Hill, NJ 08062 Phone: 856.478.0060

Kennedy Fitness: A Jefferson Health Affiliate

180 Route 70 Medford, NJ 08055 Phone: 609.714.8808

Dear Participant:

Kennedy Fitness: A Jefferson Health Affiliate is looking forward to having you join our family! Each Unite for HER participant will receive a six-month individual membership.

We will provide each new member with a monthly consultation with one of our trainers to help you navigate all areas of the club and to help connect you and be there to support you through your wellness journey. This consultation is at no additional cost to you.

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

Hope to see you soon!

Sincerely,

Jessica Lotito Marketing & Communications Manager JLotito@kennedyfitness.org 856-478-0060

