



Newtown Athletic Club Physician Referral Authorization

Patient is cleared for unsupervised exercise. (Please check box if accurate.)

Precautions/limitations/special conditions we should be aware of:

Patient Information:

Name: _____

Phone: _____ Date of Birth: ____/____/____

I authorize Main Line Health Fitness & Wellness Center to share monthly scan reports with Unite for HER in order to remain eligible for UFH funding. Initial here to acknowledge: _____

Physician/Medical Provider Information:

Name (print): _____

Signature: _____

Date: _____ Phone: _____

- 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 bring this completed form to your first visit in order to begin your membership. We are looking forward to having you as part of Newtown Athletic Club.



120 Pheasant Run
Newtown, PA 18940
215-968-0600

Dear Participant:

The NAC 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 wellness 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,
Melissa Christie
Director of Member Experience and Integration
215-968-0600 x 105
mchristie@newtownathletic.com

