



UHF/Upper Bucks YMCA 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 the Upper Bucks YMCA to share monthly frequency reports with Unite
(Initial) for Her in order to remain eligible for Unite for Her Funding.

Physician/Medical Provider Information:

Name (print): _____

Signature: _____

Date: _____ Phone: _____

Offer includes YMCA six-month individual membership to YMCA.

- You must use the facility at least four times a month in order to keep your membership

Be sure to present this certificate from Unite for Her and bring photo identification with you on your first visit.

YMCA STAFF

Sign up as Full Member (Adult/Senior Adult 62+)

info@uniteforher.org

610.662.2902

www.uniteforher.org



Upper Bucks YMCA
215-536-YMCA(9622)
401 Fairview Avenue,
Quakertown, PA 18951
www.ubymca.org

Hello!

We are excited to announce our partnership with the Upper Bucks YMCA. As part of your participation with Unite for Her, you will receive a six-month full privilege membership at the Upper Bucks YMCA.

Please contact Allyson Fox at allyson.fox@ubymca.org or 215-536-9622 if you have any questions about getting started.

Warmly,

Tara Klick
Unite for HER
Wellness Day Manager
610-662-2902