



Johnson C. Smith University

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Medical Referral Form

Patient's Name: _____ Phone Number: _____ DOB: _____ Date: _____

Physician's Name: _____ Physician's Signature: _____ Referring Facility: _____

Physician Recommendations

| Type of Program | Duration (minutes) | Times Per Week |
|--------------------------|---|---|
| Unsupervised Exercise | | |
| Supervised Exercise Only | | |
| Wellness Programming | Weight Management Healthy Living Seminar | Group Exercise Class Health Coaching |

Referral Information

Referred to: Johnson C. Smith University HealthPlex
Address: 100 Beatties Ford Rd
Charlotte, NC 28216

Phone: (704) 330-1370

Fax: (704) 371-6633

Email: HealthPlex@jcsu.edu

Physician Comments: _____

**PHYSICAL ACTIVITY GUIDELINES* Adults aged 18-64 with no chronic conditions: Minimum of 150 minutes of moderate physical activity a week (for example, 30 minutes per day, five days a week) and muscle-strengthening activities on two or more days a week (2008 Physical Activity Guidelines for Americans).*