

Kourage Health Referral

Phone – 903-561-0149

Fax – 903-561-7975

Patient Name: _____ Date: _____

DOB: _____ Gender: _____

Phone Number: _____ Alternate Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Diagnosis: _____

Primary Language: English Spanish Other _____

Restrictions: _____

Referring Physician (printed): _____

Physician Practice: _____

Physician Signature:

Please fax the referral form to the number listed above. Once the referral is received, the patient will be contacted to schedule an initial appointment at one of the Kourage Health exercise centers. For a listing of current centers, visit www.kouragehealth.org/locations for more information.