



# PATIENT REFERRAL

☐ p.r.e.p.®

☐ General Health Track

☐ Diabetes Management Track

☐ Healthy Hearts Track

☐ Postnatal Track

☐ Arthritis Track

☐ Aquatic Track

☐ Cancer Track

☐ p.r.e.p.® are

☐ Bariatric Track

☐ Hip Surgery

☐ Knee Surgery

☐ Prenatal Track

☐ Other

★ p.r.e.p.® are patients are eligible to come back and do p.r.e.p.® within a 2-year period. Ask a p.r.e.p.® Membership Coordinator for details.

Patient is cleared for unsupervised exercise. If there are any precautions/special conditions please list here:

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## Patient Information

Patient name .....

Patient phone .....

Date of birth ..... / ..... / .....

## Provider Information

Provider name (print) .....

Provider signature **X** .....  
SIGN HERE DEGREE

Date .... / .... / .....

Provider phone .....

Provider fax. ....

You will receive progress reports on your patients.

Provider Stamp

Fax completed form to:

The Alaska Club East

Fax: 907-331-3514

Phone: 907-330-0120