



To schedule an appointment, please call 651-487-2198 (Premier Chiropractic) or my cell: 651-492-3477 or fax to 651-646-0283

www.pfswellness.com

Patient should bring this prescription and insurance information to the first Personal Fitness Systems appointment. Insurance reimbursement may require a referral from the patient's primary care clinic or prior authorization from the insurance provider.

Patient Name _____ DOB: _____

Phone _____ Date of onset: _____

Diagnosis and/or ICD codes _____

Claim Number, if applicable _____

Check one of the following services:

- 1. _____ Fitness training program
2. _____ Fitness testing
3. _____ Massage up to _____ sessions

Physician name: _____ Clinic _____

Physician signature: _____ Date _____

Please indicate which conditions the patient requires treatment for:

Grid of checkboxes for conditions: Fitness training, Fitness testing, Massage/Kinesio Taping. Includes categories like weight loss, body composition, arthritis, asthma, back pain, etc.