



Provider Referral Form

Referring Provider Information

Provider Name Credentials

Practice / Organization Specialty

Phone Email

Client Information

Client Name Date of Birth (optional)

Phone Email

Preferred Contact Method Phone Email Text

Reason for Referral

Stress / Burnout

Lifestyle Behavior Change

Chronic Condition / New Diagnosis

Weight Management

Motivation & Accountability

Care Plan Follow-Through

Other:

Relevant Context (optional – no detailed PHI)

Client Consent & Care Coordination

I confirm the client has provided consent to be contacted for wellness coaching

No follow-up

General updates (with consent)

Contact me if concerns arise

ElevateU Wellness Coaching & Academy provides evidence-based wellness coaching that complements medical care. Coaching does not diagnose or treat medical or mental health conditions. Information is shared only with client authorization.