

Sarah Bush Lincoln  
**Center for Healthy Living**



Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Patient Name \_\_\_\_\_

Phone \_\_\_\_\_ Diagnosis \_\_\_\_\_

Restrictions/Special Considerations

Provider Signature \_\_\_\_\_

\*\*\*\*\* FOR STAFF USE ONLY \*\*\*\*\*

CONTACTED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ORIENTATION SCHEDULED \_\_\_\_\_ WITH \_\_\_\_\_

RESCHEDULED \_\_\_\_\_ WITH \_\_\_\_\_



**Center for Healthy Living**

1004 Health Center Drive  
Mattoon, IL 61938

**Phone:** 217-238-3488(FITT)

**Fax:** 217-238-3485

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