

Rancho Los Amigos Wellness Center

(562) 401-7432
7601 East Imperial Highway
Downey, CA 90242

Fax: (562) 401-6167
RlaWellness@dhs.lacounty.gov

Participant Referral

Participant Name: _____ Phone: _____

Diagnosis: _____ Email: _____

Referred by: _____ Phone: _____

Other information: _____

- | | | |
|---|--|--|
| <input type="checkbox"/> American Diabetes Assn | <input type="checkbox"/> Stroke Education Series | <input type="checkbox"/> Relaxation |
| <input type="checkbox"/> Exercise In Motion | <input type="checkbox"/> Journaling | <input type="checkbox"/> Intro to Wheelchair Sports |
| <input type="checkbox"/> Ask the SCI Expert | <input type="checkbox"/> The Performing Arts | <input type="checkbox"/> Wii Fitness |
| <input type="checkbox"/> Caregiver Support Group | <input type="checkbox"/> Recycling Group | <input type="checkbox"/> Craft Group |
| <input type="checkbox"/> Driver Education Series | <input type="checkbox"/> Craft Group | <input type="checkbox"/> Game Time! |
| <input type="checkbox"/> Vestibular Support Group | <input type="checkbox"/> Live Your Best Life | <input type="checkbox"/> FAST Class |
| <input type="checkbox"/> Spinal Cord Injury Support Group | <input type="checkbox"/> Gardening | <input type="checkbox"/> I am All That (Self-esteem) |
| | <input type="checkbox"/> Aroma Therapy | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Tai Chi/Balance | _____ |

Referral's Signature _____

Date: _____

Please issue copy, & Wellness Calendar to participant; return original to Barb Phillips, Bldg. 900, Room 89