



REFERRAL FORM
HARP/HCBS SERVICES

Exercise Express LLC
232 South Plymouth Ave.,
Rochester, New York 14608
(Office) 585-454-6478 (Fax)232-1019

Date: _____
Referral Completed by: _____
Agency: _____
Client Name: _____ Phone Number: _____
Diagnosis/Code: _____
Attach Care Plan: Y___ N___

You have been approved to receive the following service (s):

___ Habilitation ___ Peer Empowerment Services
___ Psychosocial Rehabilitation ___ Family Support and Training

Classes Available:

___ Exercise & Fitness ___ Health & Wellness Workshops
___ Peer Coaching ___ Stress Management

Please contact the office at (585)454-6478 to schedule an appointment or visit the office during the following days/times.

___ Mondays 10am-12pm ___ Wednesdays 10am-12pm ___ OTHER

Please plan on your initial visit lasting approximately 1hour.