



DIRECT FITNESS
COLLAB

COLLABORATION FORM

Patient: _____ **DOB:** _____

Advisor: _____ **# months in DFC:** _____

Each completed and returned form results in a \$25 donation to a non-profit organization in the communities of our clients, donated annually. If you would like to opt-out of the automated donation to a nonprofit and instead opt into direct compensation for your time spent collaborating at a rate of \$25 per collaboration form completed, please email hello@directfitnesscollab.com.

Fax completed form to (252) 805-8908.

Section 1 - DPC Collaboration Questions:

1. Are there any pertinent changes to your *patient's health*? Please consider new diagnosis, medication changes, or a new stressor of which you are aware.

No____ Yes____ If yes, _____

2. Are there any updated *labs*? If so, please attach.

No____ Yes____ If yes, _____

3. Do you have any *recommendations* for your patient's exercise and nutrition plan?

No____ Yes____ If yes, _____

Section 2- DFC Notes:

Please Fax to (252) 805-8908

www.directfitnesscollab.com