

ANDREW	Μ.	CUOMO
Gove	ern	or

ANN MARIE T. SULLIVAN, M.D. Commissioner BEATRIX SOUZA, Psy.D. Executive Director

The Elmwood Wellness Center (EWC) provides activities, free of charge that may include but are not limited to swimming, yoga, weight training, and aerobics. The EWC has the resources and trained staff able to serve a variety of individuals dealing with most mental health disorders; unfortunately, we cannot appropriately provide services to individuals suffering from Neurodevelopmental Disorders such as Intellectual Disability or Autism Spectrum Disorder. This referral must be completed by a psychiatrist, medical physician, nurse practitioner, or physician assistant in order for any individual to attend the EWC.

ELMWOOD WELLNESS CENTER REFERRAL FORM

Name of Agency Referring Client:	_ Phone number:	
Client's Name (please print):	Date of referral:	
Client's Mental Health Diagnosis:	ICD-10:	
Do you recommend that the client receive medical clearance before attending? Yes or	r No	
Limitations stated by medical physician:		
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Referring Physician's Signature & Stamp:	Date:	
Medical Physician's Signature & Stamp:	Date:	

Sign up at the Wellness Center is Wednesdays 1-3 p.m. Client must bring form in – we do not accept it through fax or mail.

Directions to the Center

From Elmwood Ave., enter at light between Rockwell Rd. (Buffalo State College/Art Gallery) and Forest Ave. From Forest Ave., enter at light at Richmond Ave. (between Elmwood Ave. and Grant St.)

A FACILITY OF THE OFFICE OF MENTAL HEALTH