Physician's Referral Form Pertaining to a Fitness Evaluation and Preventive Program of Exercise

Dear Doctor:

Your patient _____ has contacted us regarding the fitness evaluation conducted by _____. The program is designed to evaluate the individual's fitness status prior to embarking on an exercise program. From this evaluation, an exercise prescription is formulated. In addition, other parameters related to a health improvement program are discussed with the participant. It is important to understand that this program is preventive and is not intended to be rehabilitative in nature.

The fitness testing includes: _____

_____

_____

A comprehensive consultation will be provided to the participant that serves to review the test results and explain recommendations for an individualized fitness program.

A summary of test results and our recommendations will be kept on file and may be made available to you upon request.

In the interest of your patient and for our information, please complete the following:

A. Has this patient undergone a physical examination within the last year to assess functional capacity to perform exercise? Yes ___ No ___

B. I consider this patient (please check one):

__ Class I: presumably healthy without apparent heart disease eligible to participate in an unsupervised program

__ Class II: presumably healthy with one or more risk factors for heart disease eligible to participate in a supervised program

__ Class III: patient not eligible for this program, and a medically supervised program is recommended

C. Does this patient have any preexisting medical/orthopedic condition(s) requiring continued or long-term medical treatment or follow-up? Yes ___ No ___

Please explain: _____

_____

D. Are you aware of any medical condition(s) that this patient may have or may have had that could be worsened by exercise? Yes ___ No ___

E. Please list any currently prescribed medication(s): _____

_____

_____

F. Please provide specific recommendations and/or list any restrictions concerning this patient's present health status as it relates to active participation in a fitness program. _____

_____

_____

_____

Comments: _____

_____

_____

Referring physician's signature: _____

Date: _____ Client's name: _____

Phone (H): _____ Phone (W): _____

Address: _____ _____