MEDICAL FITNESS PROGRAM REFERRAL FORM

8-week Medical Fitness Program
Includes pre-post measurements, individual exercise prescription, progress report to health care provider, 8-week membership and twice per week supervised group workout sessions. $99

- Complete this form and fax to (910) 715-1850. Patient will be called to schedule appointment
- Minimum age 14 yrs
- Patients may participate in the program one time

PATIENT'S INFORMATION:
NAME: ___________________________ DOB: ______________ PHONE: ________________________
ADDRESS: ___________________________ EMAIL: ____________________________
FITNESS CENTER PREFERENCE: □ Pinehurst □ Raeford □ Richmond □ Southern Pines □ Troy

- Diabetes Fitness – A physical activity program to help manage diabetes by improving blood sugar control, insulin sensitivity and weight maintenance. We also recommend participation in the FirstHealth Diabetes Education Program
- Fit for Surgery - Prepare for surgery by increasing strength and endurance for a quicker, easier recovery
- Functional Fitness - Increase activities of daily living and reduce pain with gentle movement
- Healthy Heart Fitness – For those who do not qualify for Cardiac Rehab, participation in this heart-healthy program will help reduce risk of cardiovascular disease, gain strength and increase endurance
- Inactive to Active – Improve health and stamina for those with health issues due to an inactive lifestyle
- Orthopedic Fitness – Post-rehab program following an orthopedic surgery or to manage a recurring injury
- Pulmonary Fitness - For those who do not qualify for Pulmonary Rehab, this supervised program will help increase level of physical activity for those with pulmonary or respiratory conditions
- Weight Management - Develop new physical activity habits while pursuing a healthy weight

Exercise is Medicine
- Complimentary consultation – a one-time session with a medical fitness professional to learn strategies to begin a health and fitness program

HEALTH CARE PROVIDER:
Name: ___________________________ Signature: ______________
Practice: ___________________________ FAX #: ______________
Phone (910) 715-1808 • FAX (910) 715-1850 • www.firsthealth.org/fitness