



# 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 #: \_\_\_\_\_