

Medical Referral Form from the office of —

Referring Healthcare Professional

Please check one of the following:

- Patient is cleared for unsupervised exercise.
- Patient is cleared only for water exercise.
- Patient is cleared for exercise under the following conditions —

Recommended Exercise Prescription:

Check all that apply or leave up to CA's Fitness Specialist.

- Cardiovascular Conditioning Lose Weight
- Strength Training Nutrition Counseling
- Aquatic Exercise Improve Flexibility
- Progressive increase in training at the discretion of trainer
- Do not exceed age predicated maximum heart rate (MPHR)
- Increase duration and intensity of workout ___ every session ___ each week ___ every 2-weeks
- Other



Healthcare Professional Signature

Date

Patient Information

Patient's Name

Weight

Waist Circumference

Patient's Day Phone Number

Patient's Email

Patient's Birthday