Rx PROGRAMS

EXERCISE PRESCRIPTION

DATE: ______________________________

PATIENT INFORMATION

Name ______________________________
D.O.B. ______________________________
Phone ______________________________
Email ______________________________

Please mark the appropriate condition (s) for which exercise is to be prescribed:

***Fit Rx Program**: Individual training with a nationally certified trainer- 4 sessions, 60 days of membership at Carilion Wellness (max participation 1 time per year)*

- ❑ Hypertension
- ❑ Type 2 Diabetes
- ❑ Osteoarthritis
- ❑ Hyperlipidemia
- ❑ Weight loss (with no comorbidities)
- ❑ Other: ______________________________

***Recovery Rx Program**: Individual training with an exercise physiologist-6 sessions, 60 days of membership at Carilion Wellness (max participation 2 times per year)*

- ❑ Pre-surgery
- ❑ Post-surgery
- ❑ Knee
- ❑ Hip
- ❑ Ankle
- ❑ Elbow
- ❑ Wrist
- ❑ Back
- ❑ Parkinson's disease
- ❑ Cancer
- ❑ Multiple Sclerosis
- ❑ Other ______________________________

***Take Control Rx Program**: Group classes with an exercise physiologist- 2x per week, 12 weeks of membership at Carilion Wellness*

- ❑ Parkinson's Disease
- ❑ Multiple Sclerosis
- ❑ Cancer
- ❑ Obesity
- ❑ Cardiac Rehabilitation

Exercise prescription may include:

DO	DON'T	
❑	❑	Cardiovascular conditioning
❑	❑	Strength training
❑	❑	Balance and flexibility
❑	❑	Mobility training

**ACSM guidelines followed unless otherwise noted/prescribed.*

List any precautions/special conditions for exercise:

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PHYSICIAN/CLINICIAN INFORMATION

Physician/Clinician Name

____

Practice Contact (PC) Name

____

PC Phone ______________________________
PC Email ______________________________
PC Fax ______________________________

BEST METHOD TO CONTACT THE REFERRING CLINICIAN

Please check any/all that apply:

- ❑ Call
- ❑ Email
- ❑ Fax
- ❑ EPIC

Provider License Number/State

____

Physician's Signature (Required)

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PATIENT INSTRUCTION

To get started or for more information, please Phone: 540-853-0000 Fax: 540-857-5219.

It must be redeemed by ______________ (60 days from today).