



Clients with MEDICAL CONDITIONS

Patient Information

Patient Name: _____ Age: _____ DOB: _____

Patient Phone: _____ Patient Email: _____

RX Medical Fitness Program (please select one program)

Fit RX (Basic medical conditions. Please check condition)

- Hypertension Type 2 Diabetes Osteoarthritis Hyperlipidemia
- Weight Loss (with no comorbidities) Healthy Heart Other: _____

- ✓ 60-day program
- ✓ Initial fitness assessment with activity plan by exercise professional
- ✓ Meets with exercise professional every other week
- ✓ Provider receives progress report at the end of medical fitness program

Recovery RX (Conducted by credentialed trainers that focus on functional orthopedic surgery and chronic conditions.)

Pre-Surgery	Post-Surgery
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- | | | | | |
|-------------------------------|--|---------------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Knee | <input type="checkbox"/> Hip | <input type="checkbox"/> Ankle | <input type="checkbox"/> Elbow | <input type="checkbox"/> Wrist |
| <input type="checkbox"/> Back | <input type="checkbox"/> Healthy Heart | <input type="checkbox"/> Other: _____ | | |

- ✓ 60-day program
- ✓ Initial fitness assessment with activity plan by exercise professional
- ✓ Meets with exercise professional every week
- ✓ Provider receives progress report at the end of medical fitness program

Take Control RX (Chronic conditions)

- Parkinson’s Disease Weight Loss (with at least 1 comorbidity)
- Other: _____

- ✓ 120-day program
- ✓ Initial fitness assessment with activity plan by exercise professional
- ✓ Meets with exercise professional every other week
- ✓ Provider receives progress report at the end of medical fitness program

Weight Loss RX

- ✓ 120-day program. For those needing to lose 15 or more pounds.
- ✓ Before and after body composition testing. Macronutrient-based eating based on body composition and health conditions.
- ✓ Meets with exercise professional every week for food journal check and weigh-ins.
- ✓ Provider receives progress report at the end of program



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Exercise Prescription May Include

DO

- Cardiovascular Conditioning
- Mobility Training
- Strength Training
- Balance and Flexibility
- Other: _____

DON'T

- Cardiovascular Conditioning
- Mobility Training
- Strength Training
- Balance and Flexibility
- Other: _____

List any precautions/special conditions for exercise: _____

Healthcare Provider Information

Healthcare Provider Name: _____

Practice Contact (PC) Name: _____

PC Email: _____

PC Fax: _____

Best method to contact the healthcare provider/PC: *(please check any/all that apply)*

- Call with patient updates/progress report
- Fax with patient updates/progress report

Referring Healthcare Provider Signature: _____

Date: _____

(required)

Provider/Patient Instruction

To get started or for more information, please fax this form to (509) 943-8419 and call (509) 943-8416 and ask for Morgan Fewel.

Must be redeemed within 60 days of prescription date.



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