

Exercise Referral to:

☐ - 100 197th Place, Chicago Heights, IL 60411

Phone: 708-755-3020 Fax: 708-755-3021

☐ - 810 Michael Dr, Chesterton, IN 46304

Phone: 219-983-9832 Fax: 219-395-8879



FranciscanHealthFitnessCenters.org

Date: ___/___/___

- Male

Name: _____ Age: _____ DOB: ___/___/___ Gender: - Female

Phone: (____) _____ - _____ Referring physician/therapist: _____

Primary Physician: _____ Phone: (____) _____ - _____

Patient diagnosis: _____

Listed below are activities available for individuals to participate in at Franciscan Health Fitness Centers. Please select from the following any activities that the individual **SHOULD NOT** participate in. Please include any specific instructions or duration of restrictions for the fitness staff and individual to be aware of.

Aerobic Exercises

- ___ walking
- ___ treadmill
- ___ stationary bike
- ___ elliptical
- ___ stair climbing
- ___ rowing
- ___ swimming
- ___ aerobic exercise classes
- ___ aquatic exercise classes
- ___ jogging

Resistance Exercises

- ___ selectorized weight machines
 - ___ upper body
 - ___ lower body
 - ___ torso
- ___ free weights
- ___ bands/tubing
- ___ other: medicine balls/kettle bells

Other

- ___ sports: basketball, volleyball, tennis, racquetball (circle all that apply)
- ___ steam room/sauna/whirlpool (circle all that apply)

Specific restrictions/recommendations/comments:

Thank you for your recommendations. The staff at Franciscan Health Fitness Centers looks forward to implementing a safe and results oriented program for the individual.

Physician/Therapist signature

Exercise Specialist signature

Refusal of Physician Release: By signing below, individual is refusing physician release to address medical concerns. The above patient is not allowed to participate in our Medical Membership Program or any results-based programming provided by Franciscan Health Fitness Centers until all necessary Waivers, Referrals, and Releases are signed and received.

Individual/Patient signature

- Under 18 (requires parent/guardian signature)

Comprehensive Waiver and Release attached

Witness signature