

P.R.E.P.[®]

X physician referred exercise program

Patient is cleared for unsupervised exercise.

Program:

- P.R.E.P.[®]
- General Health Track
 - Diabetes Management Track
- CancerWellFit™
- Other (please specify) _____

Please list any precautions/special conditions for exercise clearance:

Patient Information _____

Patient name _____
Patient phone _____

Physician Information _____

Physician name (print): _____
Physician signature: _____
Date ___ / ___ / ___
Practice mailing address:

Contact

Fax your completed form

or call ACAC's Coordinator of Medical Programs.

Phone: _____

ACAC Fitness & Wellness Center
1130 McDermott Drive
West Chester, Pennsylvania 19380
phone: 610.431.7000 fax: 610.431.4653

Method of Contact

(Please check any / all that apply)

- Mail me patient updates / progress reports
 Please advise me if patient does not pursue program
 I do not require follow-up on this particular patient at this time.

Note to Physicians:

The P.R.E.P. Diabetes Management Track was designed within ADA guidelines and recommends exercise within blood sugar levels of 100-350 mg/dl. Please advise if your recommendation is different for your patients.

Physician Stamp