124 outlet rd hallowell, me 04347

Tel : 207/623-3550
Fax: 877/561-5234
info@agerightfitness.com

Physician Referral for Client to Exercise

Date Faxed: _____

Patient: _____ DOB: _____

Physician: _____ Tel #_____ Fax # _____

Your patient has requested to participate in a structured exercise program at AGE RIGHT FITNESS. They have completed a pre-activity screening as part of the enrollment, and as a result have been identified as falling within a risk stratification that requires physician clearance prior to engaging in a program of moderate physical activity. The classification is based on the guidelines found in the American College of Sports Medicine's *ACSM'S Guidelines for Exercise Testing and Prescription*. 7th edition (2006).

Your patient has been identified to have the following Coronary Risk Factors:

- ☐ Age (male ≥45; female ≥55)
- ☐ Sedentary
- ☐ Family history
- ☐ Signs/symptoms
- ☐ Elevated BP
- ☐ Metabolic disease
- ☐ cigarette smoking
- ☐ elevated blood lipid profile
- ☐ CV disease
- ☐ pregnancy
- obesity (BMI >30)

Other relevant information: _____

_____

_____

Based on the information provided and any other information you, the physician have, your recommendations regarding the patient's participation in a program of moderate physical activity is:

Patient is NOT cleared for exercise at this time.

Patient is cleared and can exercise with no restrictions.

_ Patient is cleared with the following restrictions: _____

_____

_____

Physician's signature:_____ Date: _____

Please fax back to AGE RIGHT FITNESS at 1-877-561-5234

Patient Release of Information:

I, _____, hereby authorize release of my prescreening information to be released to my physician, _____ of _____ . This release is to allow my physician to evaluate and provide clearance for me to participate in physical activity. Additionally, I request my physician or their designee to complete this form and release the information to AGE RIGHT FITNESS of Hallowell, Maine.

_____ _____

Patient/Client Name **Date**

This authorization is in effect until _____, when it expires.