

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

- 221 US Hwy-Suite A, Schererville, IN 46375
Phone: 219-865-6969 Fax: 219-865-6683



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
- ___ stairclimbing
- ___ 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)
- ___ steamroom/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 Referral: By signing below, individual is refusing physician referral to address medical concerns. The above patient is not allowed to participate in exercise activities provided by Franciscan Health Fitness Centers until Comprehensive Waiver and Release is signed.

Individual/Patient* signature
(*Under 18 requires parent/guardian signature)

___ Comprehensive Waiver and Release attached
 - Adult
 - Under 18 (requires parent/guardian signature)

Witness signature