

Physician/CNP: _____

Transition: PT/OT _____ CR/PR _____ Bariatric _____



GAYLORD E. LESLIE

**Wellness
Center**
For Healthy Living

Physician Referral Form

Fax: 419-238-8671

Name: _____ Date: _____

Address: _____

Phone: _____ Date of Birth: _____

Risk Factors: (Please list or attach specific data)

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Total Cholesterol _____ | <input type="checkbox"/> COPD | <input type="checkbox"/> Type I Diabetic |
| LDL _____ HDL _____ | <input type="checkbox"/> Asthma | <input type="checkbox"/> Type II Diabetic |
| <input type="checkbox"/> Triglycerides _____ | <input type="checkbox"/> CAD | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> BMI/Obesity _____ | <input type="checkbox"/> Stroke | <input type="checkbox"/> Orthopedic |
| <input type="checkbox"/> Blood Pressure _____ | <input type="checkbox"/> Depression | <input type="checkbox"/> Deconditioning |
| <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> Fibromyalgia | Specify: _____ |

Other Medical Conditions: _____

Follow-up Requested: BP Weight BMI HR %SpO2
Frequency: Weekly Biweekly Monthly Quarterly Annually

Education Topic Requested: _____

Specific Limitations and Additional Information: _____

Exercise Prescription

Exercise guidelines are in accordance with American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) and American College of Sports Medicine (ACSM). The exercise prescription is individualized pertaining to intensity, duration, and frequency, according to patient's needs.

Medical Guidelines

Risk factors were established using the American Heart Association and the American Diabetes Association Guidelines.

Referring Physician/CNP

Exercise Specialist