



Valley Health Wellness & Fitness Center  
401 Campus Blvd.  
Winchester, Virginia 22601  
540-536-3000  
vhwelfit.com/MyFitRx

# Healthcare Provider Exercise Referral

## Section A: Patient to complete

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

Phone \_\_\_\_\_

I give consent to Valley Health Wellness & Fitness Center to send my healthcare provider this information for an exercise recommendation.

Provider Name \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

## Section B: Provider to complete

The patient noted above has requested to enroll in the MyFitRx program at Valley Health Wellness & Fitness Center, which requires a healthcare provider exercise referral.

Based on the patient's responses to the Pre-Activity Health Screening, the most recent guidelines from the American College of Sports Medicine® (ACSM) recommend requesting an acknowledgement from their healthcare provider prior to engaging in and/or resuming an exercise program.

Please check one of the following statements:

- I DO NOT RECOMMEND** this member's participation in any exercise at this time. This member should undergo further evaluation or testing outside of the center before initiating an exercise program.
- I RECOMMEND** this member's participation in an exercise program, beginning with light to moderate intensity exercise, with gradual progression, as tolerated, following ACSM guidelines.

### MyFitRx Pathway:

- Cancer Fitness
- Cardiac Fitness
- Cognitive Health
- Diabetes Fitness
- Fit for Surgery
- Functional Fitness
- Orthopedic Fitness
- Pulmonary Fitness
- Transitional Care
- Weight Management

## Exercise Restrictions or Recommendations: *(If applicable)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider Name \_\_\_\_\_

Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return or fax completed referral to Valley Health Wellness & Fitness Center.**

Fax: 540-536-0055

NOTE: THIS INFORMATION IS CONFIDENTIAL and intended ONLY for the purpose of receipt and review by the patient and healthcare provider named on this form and by Valley Health Wellness & Fitness Center. If you wrongly receive this information, please telephone and return the material to the sender immediately; any expenses incurred in such a return will be fully reimbursed. Any efforts made toward wrongful review or disclosure of this information may result in prosecution.

