

Wellness Center

8-Week Phase III Referral

8-week, twice weekly supervised exercise program. Exercise prescription based on participant's fitness goals. Includes: Body weight / Body composition assessment every 4 weeks to track progress, a nutrition class, and complimentary Wellness Center access while in attendance. Missed sessions cannot be made up. Participation is limited to a single, 8-week Phase III cycle. Non-Refundable Program Fee is \$249.00.

- Complete form and email or fax to: edh.wellness.center@emoryhealthcare.org
- Patient will be contacted for appointment scheduling.
- Patients must be a minimum of 16 years of age to participate.

REQUIRED PATIENT INFORMATION:

NAME: _____ DOB: _____

PHONE: _____ E-Mail: _____

ADDRESS: _____

REASON FOR REFERRAL:

- | | |
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| ☐ CARDIAC REHAB, PHASE III | Diagnosis: _____ |
| ☐ PULMONARY REHAB, PHASE III | Diagnosis: _____ |
| ☐ DIABETES MANAGEMENT | HbA1c: _____ Taking insulin/oral medication: Yes or No |
| ☐ FIT FOR SURGERY | Upcoming surgery: _____ |
| ☐ WEIGHT MANAGEMENT | |
| ☐ WINSHIP - ONCOLOGY | |

CURRENT STAGE OF EXERCISE:

- ☐ Stage 1: Does not exercise
- ☐ Stage 2: Patient exercises at least 30 minutes 1-2 days/week
- ☐ Stage 3: Patient exercises at least 30 minutes 3-4 days/week
- ☐ Stage 4: Patient Exercises at least 30 minutes 5 or more days/week

RESTRICTIONS:

HEALTH CARE PROVIDER:

Name: _____ Signature: _____

Practice: _____ FAX #: _____

Email or Fax to:
edh.wellness.center@emoryhealthcare.org