



Physician's Referral Form Pertaining to a Fitness Evaluation and Preventive Program of Exercise

Dear Doctor:

Your patient _____ has contacted us to express their interest in fitness training. During an initial consultation, your client expressed he/she has had or is currently experiencing medical challenges.

APX360's *Continuum of Programming* includes a *Preparation* Phase that comprises an informal movement analysis and a physical conditioning readiness evaluation. The program is designed to evaluate the individual's fitness status prior to embarking on an exercise program. From this evaluation, an exercise prescription is formulated. In addition, other parameters related to a health improvement program are discussed with the participant. It is important to understand that this program is preventive and is not intended to be rehabilitative in nature.

A comprehensive follow-up session will be provided to the participant that serves to review the evaluation results and explain recommendations for an individualized fitness program. A summary of results and our recommendations will be kept on file and may be made available to you upon request.

In the interest of your patient and for our information, please complete the following:

1. Has this patient undergone a physical examination within the last year to assess functional capacity to perform exercise? Yes ___ No ___
2. I consider this patient (please check one):

___ Class I: presumably healthy without apparent heart disease and eligible to participate in an unsupervised program

___ Class II: presumably healthy with one or more risk factors for heart disease and eligible to participate in a supervised program

___ Class III: patient not eligible for this program, and a medically supervised program is recommended

3. Does this patient have any preexisting medical/orthopedic condition(s) requiring continued or long-term medical treatment or follow-up? Yes ___ No ___

Please explain:

*THIS FORM IS ONLY REQUIRED IF AN APX360 STAFF MEMBER INSTRUCTED YOU TO SUBMIT TO YOUR PHYSICIAN. IT MUST BE COMPLETED AND RETURNED PRIOR TO TRAINING. NO EXCEPTIONS.

4. Are you aware of any medical condition(s) that this patient may have or may have had that could be worsened by exercise? Yes ___ No ___
5. Please provide specific recommendations and/or list any restrictions concerning this patient's present health status as it relates to active participation in a fitness program.

Comments:

Date: _____ Client's name: _____

Phone: _____ Email: _____

Referring physician's name and signature: _____