

Exercise is Medicine

Physician Referral



The guiding principles of Exercise is Medicine – *designed to help improve the health and well-being of our nation through regular physical activity* – are shared by the American College of Sports Medicine (ACSM) and the American Medical Association (AMA).

Exercise is Medicine Vision Statement

- Have healthcare providers assess every patient's level of physical activity at every clinic visit
- Determine if the patient is meeting the U.S. National Physical Activity Guidelines
- Provide patients with brief counseling to help him/her meet the guidelines and/or refer the patient to either healthcare or community-based resources for further physical activity (PA) counseling.

We urge you to make exercise consultation a regular, important part of your interaction with every patient at every visit. This form, when signed, provides your clearance for your patient to initiate physical activity at AdventHealth Wellness Center Wesley Chapel. Please complete this referral form, give the original to the patient and fax a copy to the Wellness Center at 813-929-5251.

(PLEASE PRINT)

I am referring (patient name) _____ to start a program of physical activity and wellness.

Patient Phone: (_____) _____ Patient DOB: _____ Today's Date: _____

Physician/ARNP/PA: _____ Signature: _____

Office Contact: _____ Office Fax: (_____) _____ Office Phone: (_____) _____

➤ Would you like to receive a progress/outcomes report every three months from the Wellness Center? Yes No

If yes, do you prefer: fax email _____

➤ Please indicate any physical limitations/guidelines: _____

Please check all health conditions that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> ALZHEIMER'S DISEASE | <input type="checkbox"/> CHRONIC OBSTRUCTIVE PULMONARY DISEASE | <input type="checkbox"/> MULTIPLE SCLEROSIS |
| <input type="checkbox"/> AMYOTROPHIC LATERAL SCLEROSIS | <input type="checkbox"/> CHRONIC RESTRICTIVE PULMONARY DISEASE | <input type="checkbox"/> MUSCULAR DYSTROPHY |
| <input type="checkbox"/> ANEMIA | <input type="checkbox"/> COGNITIVE DISABILITY | <input type="checkbox"/> OSTEOPOROSIS |
| <input type="checkbox"/> ANEURYSM | <input type="checkbox"/> POST CORONARY ARTERY BYPASS GRAFT SURGERY* | <input type="checkbox"/> POST ORTHOPEDIC SURGERY |
| <input type="checkbox"/> ANGINA* | <input type="checkbox"/> CYSTIC FIBROSIS | <input type="checkbox"/> PACEMAKER OR IMPLANTABLE CARDIOVERTER |
| <input type="checkbox"/> POST ANGIOPLASTY/STENT* | <input type="checkbox"/> TYPE 1 DIABETES | <input type="checkbox"/> DEFIBRILLATOR |
| <input type="checkbox"/> ARTHRITIS | <input type="checkbox"/> TYPE 2 DIABETES | <input type="checkbox"/> PARKINSON'S DISEASE |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> END-STAGE METABOLIC DISEASE | <input type="checkbox"/> PERIPHERAL ARTERIAL DISEASE |
| <input type="checkbox"/> ATRIAL FIBRILLATION | <input type="checkbox"/> EPILEPSY | <input type="checkbox"/> POLIO OR POST-POLIO SYNDROME |
| <input type="checkbox"/> FOLLOWING A BRAIN INJURY | <input type="checkbox"/> FOLLOWING A HEART ATTACK* | <input type="checkbox"/> EXERCISING SAFELY DURING PREGNANCY |
| <input type="checkbox"/> CANCER | <input type="checkbox"/> HYPERLIPIDEMIA | <input type="checkbox"/> STROKE |
| <input type="checkbox"/> POST CARDIAC TRANSPLANT | <input type="checkbox"/> HYPERTENSION | <input type="checkbox"/> VALVULAR HEART DISEASE |
| <input type="checkbox"/> CEREBRAL PALSY | <input type="checkbox"/> LOWER BACK PAIN | <input type="checkbox"/> VISUAL IMPAIRMENT |
| <input type="checkbox"/> CHRONIC HEART FAILURE | <input type="checkbox"/> POST LUNG TRANSPLANT | <input type="checkbox"/> WEIGHT MANAGEMENT |
| <input type="checkbox"/> OTHER: _____ | | |

*PATIENT SHOULD HAVE COMPLETED CARDIAC REHABILITATION.



Phone 813-929-5252 | Fax 813-929-5251

Wellness Center Three-Month Medical Membership Benefits

- Enrollment fee waived for medical membership
- Complimentary fitness and nutrition assessments (value \$105)
- Personalized exercise program provided by Exercise Physiologist (programmed to Smartkey)

* After completion of the program, participants receive 50% off on enrollment fees. Offer valid for 30 days from program completion date.

AdventHealth Wellness Center Wesley Chapel
In the Wellness Plaza

2700 Healing Way | Ste. 101 | Wesley Chapel, FL | 33543
813-929-5252

Driving Directions

- **Heading North on I-275 or I-75**
Exit at FL-56 E, keep right at the fork and merge onto FL-56 E, turn left onto Bruce B. Downs Blvd. AdventHealth Wesley Chapel will be approximately a half mile ahead on the right.
- **Heading South on I-75**
Take exit 279 for FL-54 toward Wesley Chapel, turn left onto CR-54/Wesley Chapel Blvd., turn right onto FL-581/Bruce B Downs Blvd. AdventHealth Wesley Chapel is approximately 3 miles ahead on the left.