



EXERCISE PRESCRIPTION

PATIENT INFORMATION

Name _____

Phone _____

Email _____

Please mark the appropriate condition(s) for which exercise is to be prescribed:

- Diabetes
- Arthritis
- Osteoporosis
- Cardiac Conditions
- Weight Loss
- Hypertension
- Orthopedic Conditions
- Other _____

Exercises may include:

- | | |
|--------------------------|--|
| DO | DON'T |
| <input type="checkbox"/> | <input type="checkbox"/> Cardiovascular Conditioning |
| <input type="checkbox"/> | <input type="checkbox"/> Strength Training |
| <input type="checkbox"/> | <input type="checkbox"/> Balance and Flexibility |

**ACSM guidelines followed unless otherwise noted/prescribed.*

List any precautions/special conditions for exercise:

Date _____

PHYSICIAN/CLINICIAN INFORMATION

Physician/Clinician Name _____

Practice Contact (PC) Name _____

PC Phone _____

PC Email _____

PC Fax _____

BEST METHOD TO CONTACT THE PHYSICIAN/CLINICIAN

Please check any/all that apply:

- Call** with patient updates/progress reports.
- Email** patient updates/progress reports.
- Fax** patient updates/progress reports.
- No patient follow-up required at this time.

PATIENT INSTRUCTION

Please contact Director of Wellness Development Jenna Bartlett, or bring this exercise prescription to the Roanoke or Botetourt Athletic Clubs and present to the front desk upon arrival. **It must be redeemed by _____ (60 days from today).**

For Carilion Clinic Employees ONLY that choose to utilize their Flexible Spending Account (FSA):

Fit Rx program lasts 60 days.

Provider License Number/State _____

Physician's Signature (Required) _____

For club location maps, visit our website at CarilionFitness.com.

For additional questions, contact Jenna as listed below.

ROANOKE AND BOTETOURET ATHLETIC CLUBS

RAC: 4508 Starkey Rd., Roanoke 24018 • (540) 989.5758 • fax (540) 776.8623

BAC: 105 Summerfield Ct., Roanoke 24019 • (540) 992.2993 • fax (540) 992.5374

Jenna Bartlett, Director of Wellness Development • JLBartlett@carilionclinic.org

