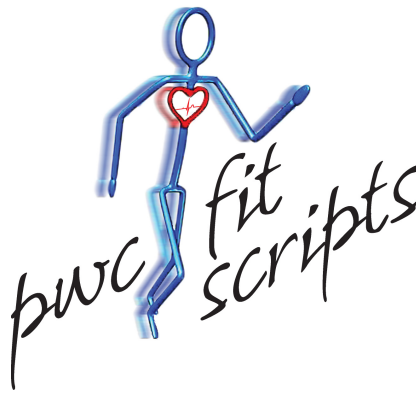


PRESCRIPTION & REFERRAL FORM



EXERCISE IS MEDICINE LAND PROGRAM



Today's Date

Name

Date of Birth

Phone

Email

Physician and health care provider instructions for Powell Wellness Center EIM Program:

1. Assess patients' exercise habits as a vital sign at each patient visit and encourage patient to increase physical activity
2. Refer appropriate patients to Powell Wellness Center EIM program
3. Recommend patient for independent exercise
4. Complete form and fax to 540-829-4750. Attention: Laurie Ludwig, Patient will be called to schedule appointment
5. You will receive confirmation of patients' participation in the program

Current STAGE of exercise (please check one):

- Stage 1 Patient does not currently exercise
- Stage 2 Patient exercises at least 30 minutes 1 - 2 days a week
- Stage 3 Patient exercises at least 30 minutes 3 - 4 days a week
- Stage 4 Patient exercises at least 30 minutes 5 or more days a week

RECOMMENDATIONS (Please check all that apply):

- Aerobic exercise
- Strength training
- Balance training
- Flexibility/stretching exercise
- Other:

RESTRICTIONS (Please check all that apply):

- No lifting over ___ pounds
- No overhead lifting
- Seated exercises only
- Heart Rate should not exceed ___ bpm
- Other:

Health Care Provider:

Practice:

FAX #:

Powell Wellness Center EIM Program Includes:

1. Health Assessment
2. Physical activity guidelines tailored to patient's choice of environment and exercise preferences
3. Referral to other appropriate services to reach patient goals if needed
4. Sixteen supervised group exercise sessions
5. Communication back to physician or health care provider regarding patient's participation and progress

Signature: _____