

Avera McKennan Fitness Center 3400 S. Southeastern Avenue Sioux Falls, SD 57103 605-322-5300 averamckennanfitness.org/MyFitRx

Healthcare Provider Exercise Referral

Section A: Patient to complete

Patient Name	Provider Name
DOB	Patient Signature
Phone	Date

Section B: Provider to complete

The patient noted above has requested to enroll in the MyFitRx program at Avera McKennan Fitness Center, which requires a healthcare provider exercise referral.

Based on the patient's responses to the Pre-Activity Health Screening, the most recent guidelines from the American College of Sports Medicine[®] (ACSM) recommend requesting an acknowledgement from their healthcare provider prior to engaging in and/or resuming an exercise program.

Please check one of the following statements:

- □ I DO NOT RECOMMEND this member's participation in any exercise at this time. This member should undergo further evaluation or testing outside of the center before initiating an exercise program.
- I RECOMMEND this member's participation in an exercise program, beginning with light to moderate intensity exercise, with gradual progression, as tolerated, following ACSM guidelines.

MyFitRx Pathway:

- Cancer Fitness
 Cardiac Fitness
 Cognitive Health
 Diabetes Fitness
 Fit for Surgery
- □ Functional Fitness
 □ Orthopedic Fitness
 □ Pulmonary Fitness
 □ Transitional Care
 □ Weight Management

my healthcare provider this information for an exercise recommendation.

I give consent to Avera McKennan Fitness Center to send

Exercise Restrictions or

Recommendations: (If applicable)

Provider Name

Provider Signature _____

Date ____

Please return or fax completed referral to Avera McKennan Fitness Center.

Fax: 605-322-5399

NOTE: THIS INFORMATION IS CONFIDENTIAL and intended ONLY for the purpose of receipt and review by the patient and healthcare provider named on this form and by Avera McKennan Fitness Center. If you wrongly receive this information, please telephone and return the material to the sender immediately; any expenses incurred in such a return will be fully reimbursed. Any efforts made toward wrongful review or disclosure of this information may result in prosecution.

