Northwestern Medicine® Delnor Health & Fitness Center

Delnor Health & Fitness Center
296 Randall Road
Geneva, Illinois 60134
630.938.9000
delnorhfc.com/MyFitRx

MEDICAL FITNESS Association CERTIFIED

MyFitRx®

Healthcare Provider Exercise Referral

I give consent to Northwestern Medicine Delnor Health & Fitness Center to send my healthcare provider this information for an exercise recommendation.

Section A: Patient to complete

Patient Name _____

DOB _____

Phone _____

Provider Name _____

Patient Signature _____

Date _____

Section B: Provider to complete

The patient noted above has requested to enroll in the MyFitRx program at Northwestern Medicine Delnor Health & 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.

I ACKNOWLEDGE the above patient has met the minimum level of activity required to enroll in the MyFitRx program and continue their current therapy.

_____
Physician Initials

MyFitRx Pathway:

☐ Cancer Fitness
☐ Cardiac Fitness
☐ Cognitive Health
☐ Diabetes Fitness
☐ Fit for Surgery
☐ Functional Fitness
☐ Orthopaedic Fitness
☐ Pulmonary Fitness
☐ Transitional Care
☐ Weight Management

Exercise Restrictions or Recommendations: *(If applicable)*

_____

_____

_____

_____

Provider Name _____

Provider Signature _____

Date _____

Please return or fax completed referral to Northwestern Medicine Delnor Health & Fitness Center.

Fax: 630.938.9429

