

# Wellness Center

## 8-Week Phase III Referral

*8-week, twice weekly supervised exercise program. Exercise prescription based on participant's fitness goals. Includes: Body weight / Body composition assessment every 4 weeks to track progress, a nutrition class, and complimentary Wellness Center access while in attendance. Missed sessions cannot be made up. Participation is limited to a single, 8-week Phase III cycle. Non-Refundable Program Fee is \$249.00.*

- Complete form and email or fax to: [edh.wellness.center@emoryhealthcare.org](mailto:edh.wellness.center@emoryhealthcare.org)
- Patient will be contacted for appointment scheduling.
- Patients must be a minimum of 16 years of age to participate.

**REQUIRED PATIENT INFORMATION:**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-Mail: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**REASON FOR REFERRAL:**

- CARDIAC REHAB, PHASE III      Diagnosis: \_\_\_\_\_
- PULMONARY REHAB, PHASE III      Diagnosis: \_\_\_\_\_
- DIABETES MANAGEMENT      HbA1c: \_\_\_\_\_      Taking insulin/oral medication: Yes or No
- FIT FOR SURGERY      Upcoming surgery: \_\_\_\_\_
- WEIGHT MANAGEMENT
- WINSHIP - ONCOLOGY

**CURRENT STAGE OF EXERCISE:**

- Stage 1: Does not exercise
- Stage 2: Patient exercises at least 30 minutes 1-2 days/week
- Stage 3: Patient exercises at least 30 minutes 3-4 days/week
- Stage 4: Patient Exercises at least 30 minutes 5 or more days/week

**RESTRICTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH CARE PROVIDER:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Practice: \_\_\_\_\_ FAX #: \_\_\_\_\_

Email or Fax to:  
[edh.wellness.center@emoryhealthcare.org](mailto:edh.wellness.center@emoryhealthcare.org)