

# Medical Fitness Program Referral

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Referring Physician (Signature): \_\_\_\_\_ (Print): \_\_\_\_\_

Physician office phone number: \_\_\_\_\_

Precautions/ ROM Limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Recommended Programs:

- BoneCare Medical Fitness Program - 8 weeks
- Fit-4-Surgery Medical Fitness Program - \_\_\_\_ 4 weeks or \_\_\_\_ 8 weeks
- Diabetes Medical Fitness Program - 8 weeks
- Better Balance Medical Fitness Program - 8 weeks

## Recommended Goals:

- Maintain/improve strength
- Improve aerobic endurance/capacity
- Core strengthening
- Improve balance/fall prevention
- Reduce risk of fracture
- Improve range of motion

## Preferred Fitness Center location:

- Cheek-Powell Fitness Center | 455 Pinellas St., Clearwater
- BayCare Fitness Center (Carillon) | 900 Carillon Parkway, St. Petersburg
- BayCare Fitness Center (Bloomingdale) | 2470 Bloomingdale Ave, Valrico

**Please fax to (727) 298-6748 or email to [MedicalFitness@baycare.org](mailto:MedicalFitness@baycare.org)**

**BayCare Fitness Center**  
BayCare Outpatient Center  
900 Carillon Parkway  
St. Petersburg  
(727) 502-4444

**BayCare Fitness Center**  
BayCare HealthHub™  
2470 Bloomingdale Ave.  
Valrico  
(813) 586-8600

**Cheek-Powell Fitness Center**  
Morton Plant Hospital  
455 Pinellas St.  
Clearwater  
(727) 462-7685

