

Fitness Center
McHenry County College
8900 U.S. Highway 14
Crystal Lake, IL 60012
(815) 455-8551

Physician's Referral Form
Pertaining to a Fitness Evaluation
and Preventive Exercise Program

THIS FORM MUST BE FAXED FROM THE PHYSICIAN TO THE MCC FITNESS CENTER, HAND DELIVERY
OR MAILING IS NOT ACCEPTABLE.
PLEASE FAX TO (815) 455-8599

Coordinator: Joel Chapman

Dear Doctor:

Your patient _____, is interested in a fitness evaluation and individualized preventive exercise program at the Fitness Center of McHenry County College. The fitness evaluation includes:

- Resting heart rate and blood pressure
- Body weight and skin fold analysis of body composition
- Hamstring/low back flexibility
- Maximal isometric biceps strength
- Sub-maximal bicycle ergometry

Results of the test will be used to implement a preventive exercise program, which may include:

- Cardiovascular exercise
- Strength training
- Flexibility
- Balance training

In the interest to your patient, and for our information, please complete the following (make sure A to E are all answered).

A. This patient has undergone a physical examination within the last year to assess functional capacity to perform exercise. **Yes** ____ **No** ____

B. I consider this patient **(please circle one)**

Class I ... presumably healthy without apparent heart disease

Class II ...presumably healthy with one or more risk factors for heart disease

Class III ..patient is not eligible for this program

C. Does this patient have any pre-existing medical/orthopedic condition requiring continued or long-term medical treatment or follow-up? **No** ____ **Yes** ____

Please explain: _____

D. Are you aware of any medical condition that this patient may have had that could be worsened by exercise?

No ____ **Yes** ____

Please explain: _____

E. **Please list any currently prescribed medication(s).** _____

Client's Name _____ Phone (H) _____ (xxx-xxx-xxxx)

Street Address _____ Phone (W) _____

City, State, Zip _____

Referring Physician's Signature _____

Date _____

Comments _____