



P.R.E.P.[®] X physician referred exercise program



P.R.E.P. is a 3 month supervised fitness program at the Inspira Health Fitness Connection. Participants are referred by their doctors and workout in scheduled group sessions with certified Medical Fitness Specialists to help meet their wellness goals. The cost of this program is only \$150 or \$50/month. With full access to the gym, P.R.E.P. members can also attend classes (such as yoga or spin) if approved for independent exercise. With eight different tracks to choose from, we have a program that's right for you. Ask your doctor to fill out the referral on the back and return it to the gym to get started!

Cognitive Fitness



Helping individuals affected by conditions that disrupt cognitive functions.

Youth in Motion



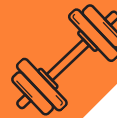
Establishing healthy habits for 8-16 year olds through fitness and nutrition education.

Heart Health



Improving overall cardiopulmonary health and body strength.

Lifestyle Management



Focusing on achieving a healthy weight and routine for daily life.

Prenatal/Postnatal



Keeping mom healthy and fit, before and after baby comes.

Cancer Empowerment



Developing fitness and wellness before, during, and after treatment.

Arthritis



Utilizing strength training and nutrition to help alleviate arthritic aches and pains.

Diabetes/Prediabetes



Managing blood sugar levels through moderate exercise and nutrition education.

P.R.E.P. Tracks (choose the program that best fits your patient's needs):

- | | |
|---|---|
| <input type="checkbox"/> Cognitive Fitness | <input type="checkbox"/> Youth in Motion |
| <input type="checkbox"/> Heart Health | <input type="checkbox"/> Lifestyle Management |
| <input type="checkbox"/> Prenatal/Postnatal | <input type="checkbox"/> Cancer Empowerment |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes/Prediabetes |

Is the patient cleared to exercise independently? () Yes () No

Specify reason for referral, and list any precautions/special conditions for exercise clearance:

(please print clearly) _____

Refer to registered dietitian for nutrition counseling: () Yes () No

Diagnosis: _____

Number of Visits: _____

Patient Information:

Name _____

Phone _____

Date of Birth ____/____/____

Gender M F

Fax completed form to:

(856) 696-0726

Inspira Health Fitness Connection

1430 W. Sherman Ave

Vineland, NJ 08360

(856) 696-3924 P.R.E.P. ext. 60632

Thank you for prescribing exercise!

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Physician Information:

Name (print) _____

Signature X _____

Date ____/____/____

How would you like to be contacted?

() Fax: _____

() E-mail: _____

Physician Stamp

