

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



Lifestyle Management:

A program focusing on achieving a healthy weight best fit for you.

Q: How much will it cost?

A: 3 months for \$120. A payment plan is available.

Q: Will I be able to use Inspira Fitness Connection outside of my weekly sessions?

A: Yes, you will have a full membership to Inspira Fitness Connection during the 90 days. Come as frequently as you like as long as you have been cleared for independent exercise.

Q: I do not have time to exercise. How long will my session last?

A: We understand you have a busy schedule, so to ensure success, we only ask you to complete a 60 minute workout session 2-3 times per week. We offer morning, afternoon, and early evening sessions to accommodate various schedules.

Q: How do I get started?

A: Ask your physician if you are a candidate for the program. If so, your physician simply completes the referral form on the back and faxes it to Inspira Fitness Connection. Your medical fitness professional will contact you within 48 hours to get you on track to achieving a healthier, more active lifestyle. Now is the time!

P.R.E.P. participants enjoy the benefits of an Inspira Fitness Connection membership during their 90 day program.



Inspira Fitness Connection Features:

- Certified Medical Fitness Facility
- "A Better Fit" medical weight loss program
- Indoor and outdoor tracks
- Supervised strength training and cardio
- Pilates, Yoga, and Tai Chi
- Over 60 weekly group exercise classes
- Active Aging group exercise classes
- Massage Therapy



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The Inspira Fitness Connection P.R.E.P. Program is designed to address your wellness needs and goals with input and guidance from your physician. We work with you to ensure that you understand how to achieve optimal health.

Patient is cleared to exercise independently outside of supervised P.R.E.P. sessions.

Please list any precautions/special conditions for exercise clearance:

Refer to registered dietitian for nutrition counseling: Yes No Diagnosis: _____
 Number of Visits: _____

Patient Information

Name _____

Phone _____

Date of Birth ___ / ___ / ___

Fax your completed form to:

(856) 696-0726

Or call the P.R.E.P. Coordinator:

(856) 696-3924 ext. 60632

Inspira Fitness Connection

1430 W. Sherman Avenue

Vineland, NJ 08360

Thank you for prescribing exercise!

Physician Information

Name (print) _____

Signature **X** _____

Date ___ / ___ / ___

How would you like to be contacted?

Fax: _____

E-mail: _____



Physician Stamp