



CDPHP® Fitness ConnectSM at the Ciccotti Center
30 Aviation Road, Albany, NY 12205
(518) 867-8920
cdphpfitnessconnect.org/MyFitRx

Health Care Provider Exercise Referral

Section A: Patient to complete

Patient Name _____

DOB _____

Phone _____

I give consent to CDPHP® Fitness ConnectSM at the Ciccotti Center to send my health care provider this information for an exercise recommendation.

Provider Name _____

Patient Signature _____

Date _____

Section B: Provider to complete

The patient noted above has requested to enroll in the MyFitRx program at CDPHP® Fitness ConnectSM at the Ciccotti Center, which requires a health care provider exercise referral.

Based on the patient's responses to the Pre-Activity Health Screening, the most recent guidelines from the American College of Sports Medicine® (ACSM) recommend requesting an acknowledgement from their health care provider prior to engaging in and/or resuming an exercise program.

Please check one of the following statements:

- I DO NOT RECOMMEND** this member's participation in any exercise at this time. This member should undergo further evaluation or testing outside of the center before initiating an exercise program.
- I RECOMMEND** this member's participation in an exercise program, beginning with light to moderate intensity exercise, with gradual progression, as tolerated, following ACSM guidelines.

MyFitRx Pathway:

- | | |
|---|---|
| <input type="checkbox"/> Cancer Fitness | <input type="checkbox"/> Functional Fitness |
| <input type="checkbox"/> Cardiac Fitness | <input type="checkbox"/> Orthopedic Fitness |
| <input type="checkbox"/> Cognitive Health | <input type="checkbox"/> Pulmonary Fitness |
| <input type="checkbox"/> Diabetes Fitness | <input type="checkbox"/> Transitional Care |
| <input type="checkbox"/> Fit for Surgery | <input type="checkbox"/> Weight Management |

Exercise Restrictions or

Recommendations: *(If applicable)*

Provider Name _____

Provider Signature _____

Date _____

**Please return or fax completed referral to
CDPHP® Fitness ConnectSM at the Ciccotti Center.**

Fax: (518) 694-0704

NOTE: THIS INFORMATION IS CONFIDENTIAL and intended ONLY for the purpose of receipt and review by the patient and health care provider named on this form and by CDPHP® Fitness ConnectSM at the Ciccotti Center. If you wrongly receive this information, please telephone and return the material to the sender immediately; any expenses incurred in such a return will be fully reimbursed. Any efforts made toward wrongful review or disclosure of this information may result in prosecution.



Fitness ConnectSM
at the Ciccotti Center

