

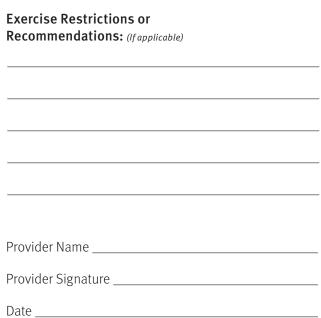
## Health Care Provider **Exercise Referral**

CDPHP® Fitness Connect<sup>SM</sup> at the Ciccotti Center 30 Aviation Road, Albany, NY 12205 (518) 867-8920

cdphpfitnessconnect.org/MyFitRx

I give consent to CDPHP® Fitness Connect  $^{\text{SM}}$  at the Ciccotti

Section A: Patient to complete  Patient Name  DOB  Phone		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 Connect <sup>SM</sup> at the Ciccotti Center, which requires a health care provider exercise referral.		Exercise Restrictions or Recommendations: (If applicable)
			Health Screening, the r the American College of recommend requesting	responses to the Pre-Activity most recent guidelines from of Sports Medicine® (ACSM) g an acknowledgement from der prior to engaging in and/or program.	
Please check one of th	ne following statements:				
□ <b>I DO NOT RECOMMEND</b> this member's participation in any exercise at this time. This		Provider Name			
		Provider Signature			
member should undergo further evaluation or testing outside of the center before initiating an exercise program.		Date			
☐ <b>I RECOMMEND</b> this member's participation in an		Please return or fax completed referral to CDPHP® Fitness Connect <sup>sM</sup> at the Ciccotti Center.			
exercise program, beginning with light to moderate intensity exercise, with gradual progression, as		Fax: (518) 694-0704			
tolerated, followir	ng ACSM guidelines.	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 Connect™ at the Ciccotti Center. If you wrongly receive this information, please telephone and			
MyFitRx Pathway  ☐ Cancer Fitness ☐ Cardiac Fitness ☐ Cognitive Health	y:  □ Functional Fitness □ Orthopedic Fitness □ Pulmonary Fitness	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.			







☐ Transitional Care

☐ Weight Management

☐ Diabetes Fitness

☐ Fit for Surgery