



Club Fit Briarcliff

584 North State Road
Briarcliff Manor, NY 10510
914.250.2797
914.762.2150 FAX

Club Fit Jefferson Valley

600 Bank Street
Jefferson Valley, NY 10535
914.250.2797
914.245.2516 FAX

Patient Information

Name _____

Birthdate _____

Address _____

Home Phone _____

Cell Phone _____

Email _____

Date _____

Please check one of the following:

- Patient is cleared for unsupervised exercise
- Patient is cleared only for water exercise
- Patient is cleared for exercise under the following conditions:

Diagnosis: _____

Restrictions: _____

Recommended Exercise Prescription

- Cardiovascular Conditioning
- Strength Training
- Aquatic Exercise
- Progressive increase in training at the discretion of trainer
- Do not exceed age predicated maximum heart rate
- Increase duration and intensity of workout ___ every session ___ each week ___ every 2 weeks
- Lose Weight
- Nutrition Counseling
- Improve Flexibility

HEALTHCARE PROVIDER INFO - PLEASE STAMP

Name: _____

Address: _____

City: _____

Phone: _____

Date: _____ Email: _____