Patient Information

HEALTHY RX club fit

Name

Birthdate

Address

City/State

Phone Number

Email

Date

Choose Your Program: ☐ Option 1 $225 ☐ Option 2 $375

REQUIRED INFORMATION

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
- ☐ Lose Weight
- ☐ Nutrition Counseling
- ☐ Improve Flexibility
- ☐ Progressive increase in training at the discretion of the trainer
- ☐ Do not exceed age predicated maximum heart rate
- ☐ Increase duration and intensity of workout

HEALTHCARE PROVIDER INFORMATION

Name

Street Address/ City/State/ZIP

Phone/Fax

Email

Date

This form can be emailed to our Briarcliff location at bradvisor@clubfit.com
–OR–
our Jefferson Valley location at jvadvisor@clubfit.com

PLEASE STAMP