



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Script Fit

## Exercise Prescription

### PATIENT INFORMATION

Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please circle ALL conditions that apply:

- Arthritis
- Hypertension
- Heart Disease
- Hyperlipidemia
- Diabetes
- Osteoarthritis
- Cardiac Conditions
- Orthopedic Conditions
- Just Needs Preventative Weight Loss

Surgery:

- |       |             |              |  |
|-------|-------------|--------------|--|
|       | Pre-Surgery | Post-Surgery |  |
| Ankle | Elbow       | Knee         |  |
| Back  | Hip         | Wrist        |  |

Exercise prescription to include:

- |                             |             |
|-----------------------------|-------------|
| ALLOW                       | DON'T ALLOW |
| Balance and Flexibility     |             |
| Cardiovascular Conditioning |             |
| Mobility Training           |             |
| Strength Training           |             |

List any other precautions/special conditions for exercise:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PHYSICIAN INFORMATION

Physician Name \_\_\_\_\_

Practice Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

Best method to contact the physician

- Call                      Email                      Fax

Provider License Number/State \_\_\_\_\_

Physicians Signature \_\_\_\_\_

### PATIENT INSTRUCTIONS

To get started or for more information

# Connecting you, your Doctor, and the Y! Script Fit