

-] **p.r.e.p.[®]**
-] General Health Track
 -] Diabetes Management Track
 -] Healthy Hearts Track
 -] Postnatal Track
 -] Arthritis Track
 -] Aquatic Track
 -] Cancer Track

-] **p.r.e.p.[®]are**
-] Bariatric Track
 -] Hip Surgery
 -] Knee Surgery
 -] Prenatal Track
 -] Other

* p.r.e.p.[®]are patients are eligible to come back and do p.r.e.p.[®] within a 2-year period. Ask a p.r.e.p.[®] Membership Coordinator for details.

Patient is cleared for unsupervised exercise. If there are any precautions/special conditions please list here.

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Patient Information

Patient name.

Patient phone.

Date of Birth / /

Provider Information

Provider name (print)

Provider signature **X**
SIGN HERE **DEGREE**

Date / /

Provider phone

Provider fax.

Fax completed form to patient's **acac** Fitness & Wellness Center location:

- | | |
|---|--|
| Albemarle Square
phone 434.978.3800
fax 434.978.4982 | Crozet at Old Trail
phone 434.817.2055
fax 434.817.2059 |
| Downtown
phone 434.984.3800
fax 888.259.4513 | Eagleview
phone 610.425.3188
fax 610.884.6170 |
| Green Spring
phone 443.632.0328
fax 410.630.5608 | Hunt Valley
phone 410.584.7888
fax 410.584.8188 |
| Midlothian
phone 804.378.1600
fax 804.794.8160 | Short Pump
phone 804.464.0990
fax 804.980.7849 |
| Timonium
phone 410.453.9111
fax 410.453.0109 | West Chester
phone 610.431.7000
fax 610.884.7909 |

You will receive progress reports on your patients.

Provider Stamp