



Griffin Hospital
Referral Form
Weight Loss Exercise Program

Date \_\_\_\_\_

Patient's name \_\_\_\_\_ Date of Birth \_\_\_\_\_
Address \_\_\_\_\_
Phone Number \_\_\_\_\_

Your patient would like to begin a moderate exercise program at the Griffin Hospital Fitness Center, located in the Hewitt Pavilion on Seymour Avenue. Aerobic, flexibility, and muscular conditioning exercises will be individually prescribed and practiced in our supervised Fitness Center, following the guidelines of the American College of Sports Medicine and the American Heart Association. Basic education regarding goal setting, stress reduction, nutrition and overcoming obstacles will be offered in educational sessions.

Please complete the list below for any pertinent medical conditions:

- Diabetes, Stroke (CVA), Hypertension, Hypercholesterolemia, History of Cancer—Type, Heart Disease—DX, Smokes—Amount per day, Pulmonary or Breathing Problems, Orthopedic Problems Explain, Arthritis

Additional pertinent Medical History: \_\_\_\_\_

Please list any restrictions: \_\_\_\_\_

Current Medications and doses: \_\_\_\_\_

I give the above named patient my approval to begin exercising at the Griffin Hospital Fitness Center, with the recommendations and/or restrictions as listed above.

X \_\_\_\_\_ Date \_\_\_\_\_
(Physician Signature)

Please print doctor's information below:

Physician's Name
Address
City, State
Phone Number

Sincerely,

Eunice A. Lisk, MS
Cardiac Rehab Director
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