Griffin Hospital
Referral Form
Wellness For Life Program

Date_____

Patient's name _____Date of Birth_____
Address_____
Home Phone # _____ Cell Phone # _____

Your patient will participate in our Wellness For Life Program which is a lifestyle modification and chronic disease management program and will include a moderate exercise program at the Griffin Hospital Fitness Center, located in the Hewitt Pavilion on Seymour Avenue. Aerobic, flexibility, and resistance training 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. 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 participate in the Wellness Program 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
Program Manager
Griffin Hospital
350 Seymour Avenue
Derby, CT 06418
Tel. 203-732-7106