

Lakeside Rehab & Family Fitness

WELLNESS PRESCRIPTION



Patient Name: _____ Date: _____

Phone Number: _____ Date of Birth: _____

Step 1: Land or Aquatic Based

Land Track \$60 Aquatic Track \$75

Step 2: Wellness Prescription Track (One Track ONLY)

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Pain Track	<u>Specialty Tracks:</u>	
<input type="checkbox"/> Diabetic	<input type="checkbox"/> Pre-Surgical	<input type="checkbox"/> Healthy Heart (phase 3-4)	<input type="checkbox"/> Pulmonary
<input type="checkbox"/> General Health	<input type="checkbox"/> Weight Management	<input type="checkbox"/> Cancer	

Step 3: Please Check all that apply

I am not aware of any contraindications toward participation in supervised fitness program.

I believe the applicant can participate, but I urge caution because: _____

The applicant should **not** engage in the following activities: _____

I recommend the applicant participate without any restrictions or contraindications.

Additional Instructions Precautions: _____

Protocol Specific Instruction: _____

Step 4: Authorization Required

Physician's Name: _____ Signature: _____

Phone Number: _____ Fax Number: _____ Date: _____

Step 5: Complete Forms and Fax to Number below

Lakeside will schedule first appointment.

Lakeside Rehab

601 E. Main St.
Hart, MI 49420
(231) 873-3577

www.lakesiderehab.com

Fax Completed Forms to number below

(231) 873-3557

Lakeside Family Fitness

39 State St.
Hart, MI 49420
(231) 873-3566