p.r.e.p.® | SPORTSCLUB

physician referred exercise program

Whether you have special medical needs or just need to jumpstart healthy habits, Sportsclub's Physician Referred Exercise Program is the perfect place to start.

What to expect during the 60-day program:

- Meet with a Sportsclub registered nurse to review your medical history, exercise history, physician's instructions, and any specific recommendations.
- Meet one-on-one with a medical fitness specialist to review and learn your customized exercise "prescription."
- Attend two structured workouts in a small group setting each week.
- 30 and 60 day progress checks with our onsite registered nurse with updates sent to your physician.

☐ p.r.e.p.®

- ☐ General Health Track
- ☐ Diabetes Management Track
- ☐ Healthy Hearts Track
- ☐ Post Physical Therapy or Orthopedic Surgery
- ☐ Postnatal Track
- ☐ Cancer Wellness Track
- ☐ Aquatic Track
- ☐ Arthritis Track

p.r.e.p.®
60 DAYS FOR $60

Patient Information

Patient Name. . . . . .

Patient Phone . . . . . .

Patient Email . . . . . .

Date of Birth . . . . . / . . . . . / . . . . . .

Please check the appropriate box and fax completed form to patient's **Sportsclub Fitness and Wellness** location:

☐ **Sportsclub Greenville**
712 Congaree Road, 29607
tel: 864.331.2533 fax: 855.427.6628

☐ **Sportsclub Express Simpsonville**
667 SE Main Street, 29681
tel: 864.688.1083 fax: 844.274.3129

☐ **Sportsclub Five Forks**
317 Scuffletown Road, 29681
tel: 864.688.1083 fax: 844.274.3129

www.SportsclubSC.com

Note to Physicians:
The p.r.e.p.® Diabetes Management Track was designed within ADA guidelines and recommends exercise within blood sugar levels of 100-350 mg/dl. Please advise if your recommendation is different for your patients.

thank you for prescribing exercise.

☐ p.r.e.p.®are *60 days prior to surgery*

Patients are proven to have an easier recovery after surgery if they have engaged in cardio and strength training exercises leading up to their surgery.

- ☐ Bariatric Track (90 days)
- ☐ Hip Surgery
- ☐ Knee Surgery
- ☐ Shoulder Surgery
- ☐ Prenatal Track
- ☐ Other_____

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

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Medical Professional Information

Professional name (print). . . . . .

Professional signature **X** . . . . . SIGN HERE

Date . . . . / . . . . / . . . .

Practice mailing address

. . . . . .

. . . . . .

Phone . . . . . .

Method of Contact

Please check any/all that apply:

- ☐ Mail me patient updates/progress reports
- ☐ Please advise me if patient does not pursue program
- ☐ I do not require follow-up on this patient at this time

Provider Stamp

Medical professionals who may refer to the p.r.e.p. program include: Doctors, Nurse Practitioners, & Physical Therapists.