



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PRESCRIBE THE Y Prescription and Referral Form

Regular physical activity is fun, healthy, and safe for most individuals. This program is a special opportunity to develop a personalized, realistic fitness plan.

Prescription and Physician Recommendations:

Type of Physical Activity	Aerobic	Strength
Days per Week	_____	_____
Minutes per Day	_____	_____

- I am not aware of any contraindications toward participation in a fitness program.
- I believe the patient can participate, but urge caution because:

The patient should not engage in the following activities:

Physician/Provider Signature: _____ Date: _____

Physician/Provider Name: _____

Office Address: _____

Office Phone: _____ Fax: _____

Name: _____ Sex: _____ Birth Date: _____

I consent to and authorize _____ to release to the YMCA of the Blue Water Area, health information containing my ability to participate in an exercise program and/or fitness assessment.

I consent to and authorize the YMCA of the Blue Water Area to release to _____ health assessment and participation information upon joining and at 30 days of membership. I understand this consent is revocable except to the extent action has already been taken. Authorization is not valid beyond one year from date of signature. Further disclosure or release of my health information is prohibited without specific written consent of person to whom it pertains.

Patient Signature: _____

Date: _____

How Does it Work?

Once you receive your prescription from your physician, bring it to the Welcome Center at the Y.

The membership is \$20 for the trial month. This will include not only you, but your household. It includes full membership privileges at the Y.

There is no expiration for the prescription. However, the Y will keep the prescription in exchange for the services we provide under the trial membership. The same prescription cannot be used more than once.

Once you have registered, a confirmation will be sent to the provider's offices to provide documentation for your patient record.

During the first month, the Y's Wellness Coaches will work with you in the following ways:

- Do an initial assessment and development of a workout plan. It is recommended that you participate in the Wellness Works program which includes an initial assessment, coaching sessions, workout routines and basic nutrition counseling. At a minimum we will provide an initial assessment and workout plan.
- Y staff will work with you to identify appropriate group exercise activities. Data shows that participation in a group exercise class helps develop a network that helps people maintain their lifestyle changes.
- Encourage use of the Y a minimum of 3 times a week to help establish a regular routine.

At the end of the month you will have the opportunity to sign up for a Y membership without a joiner's fee. Through the generosity of our community, assistance is available as needed through the Open Arms Financial Assistance Program.

If you complete the three steps above (assessment, class participation and use the Y 3 times a week), you will receive a \$30 Y card that can be used toward your membership, Y wear, or a fee-based class or program like TRX or swim lessons.

At the end of the month, a confirmation will be sent to the provider's offices to provide documentation for your patient record.

Documentation to be provided for physicians:

- Fax confirmation of initial signup to prescribing physician office.
- End of month send a progress report with results of the month's activities and whether or not the patient/family signed up for an ongoing Y membership.