UPMC | HANOVER

Medical Fitness Center • 250 Fame Avenue, Suite 100, Entrance B, Hanover, PA 17331
Phone: 717-316-3488 • Fax: 717-316-6022
UPMC.com/CentralPa

Client Name: _____ **Date of Birth:** _____

Medical Diagnosis (Check all that apply)

- ☐ Musculoskeletal / Orthopedic
- ☐ Osteoporosis
- ☐ Arthritis
- ☐ Fibromyalgia
- ☐ Cancer
- ☐ Cardiac (_____)
- ☐ Hypertension
- ☐ Hypercholesterolemia
- ☐ CVA / TIA
- ☐ Peripheral Vascular Disease
- ☐ Other (_____)
- ☐ Pulmonary
- ☐ Diabetes ___Type I ___ Type II
- ☐ Frailty / Deconditioned
- ☐ Hypothyroidism / Hyperthyroidism
- ☐ Balance Disorder
- ☐ Weight Management
- ☐ Prenatal
- ☐ Stress / Depression
- ☐ Neurological
- ☐ Neuromuscular
- ☐ Other (_____)

Specialized Areas of Health, Fitness & Wellness Programming (Check all that apply)

- ☐ Land Based
- ☐ Aquatic Based
- ☐ Combination Based (Land & Aquatic)
- ☐ Athletic Performance Enhancement
- ☐ Nutrition / Weight Management
- ☐ Employee Fitness Program
- ☐ Self Help

Precautions/Restrictions: _____

_____

_____

_____

Additional Comments (Areas of Concentration):

_____

_____

_____

Next Scheduled Physician Appointment _____/_____/_____

Reassessment Recommended: ☐ Annually ☐ Biannually ☐ Other ☐ N/A

The above client is referred to the UPMC Hanover Medical Fitness Center for a fitness assessment and an individualized exercise program. I am aware that you will forward his/her fitness assessment to my office for my files. I also understand that I may contact the Medical Fitness Center at any time regarding the progress of my patient. I authorize participation by this individual in the UPMC Hanover Medical Fitness Program.

_____ _____

Physician's Name (PLEASE PRINT) Date

_____

Physician's Signature