Kaweah Health™

Kaweah Health™ Lifestyle Fitness Center

Patient Name	DOB	Phone

Diagnosis* **Please include history*

Special instructions/ Precautions

Fitness

- ☐ Aerobic Exercise
- ☐ Strength Training
- ☐ Aquatic Exercise
- ☐ Warm Water Exercise
- ☐ Maternity
- ☐ Personal Training
- ☐ Other_____

_____

Specialized Programs

- ☐ Healthy Heart Class
- ☐ Breathing Easy Pulmonary Class
- ☐ Supervised Walking Class
- ☐ Wellness Club for Cancer Survivors

☐ **Smoking Cessation***

**membership not required*

☐ **Scholarship Program**

***Dx:** _____

- ☐ Patient is cleared for independent exercise without restriction.
- ☐ Patient is **not cleared** for independent exercise.

***BMI of 40+ required for sole diagnosis of obesity.**

I certify the need for these services furnished under this treatment plan on an outpatient basis:

Physician Signature: _____ **Date:** _____

Physician Name: *(print)* _____ **Office #:** _____

Kaweah Health Lifestyle Fitness Center | 5105 W. Cypress Ave. Visalia, CA 93277 | (559) 624-3400 | (559) 635-6269 Fax