



## EXERCISE IS MEDICINE PRESCRIPTION & REFERRAL FORM

### Physician and health care provider instructions for the Wellness Center EIM program

1. Assess patient's exercise habits and encourage patient to increase physical activity if appropriate
2. Refer appropriate patients to the Wellness Center for Health & Fitness EIM Program (minimum age 15 yrs)
3. Complete form and fax to **504-503-6800** or **fitness@ejgh.org**. Patient will be called to schedule appointment
4. You will receive confirmation of patients participation and progress in the program

### Patient's Information:

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Patient completes 150 minutes/week of exercise and strength trains twice/week?  Yes  No

Reason for referral: \_\_\_\_\_  
\_\_\_\_\_

Health concerns/restrictions: \_\_\_\_\_  
\_\_\_\_\_

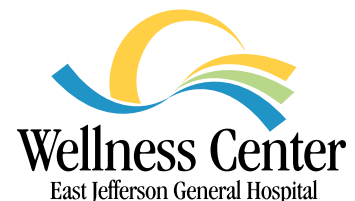
### Health Care Provider:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Practice: \_\_\_\_\_ Fax: \_\_\_\_\_

### The Wellness Center for Health & Fitness EIM Program Includes:

1. Health Assessment
2. Exercise prescription tailored in patient's choice of environment and exercise preferences
3. Nutritional Counseling
4. Three month membership to the Wellness Center



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