Kaweah Delta Health Care District

The Lifestyle Center
A division of Kaweah Delta Health Care District

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

Nutrition

- ☐ Weight management
- ☐ Nutrition Education
- ☐ Other_____

- ☐ **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 #:** _____