

**Engage Wellness Program
“Engage in Exercise”
Prescription & Referral Form**

Health care provider instructions for Engage Wellness “Engage in Exercise” program:

1. Assess patient’s exercise habits as a vital sign at each patient visit and encourage patient to be physically active.
2. Refer appropriate patients to Engage Wellness “Engage in Exercise” program (minimum age 19 years).
3. Complete form and **fax to 402-552-7209**. Patient will be contacted to schedule an appointment.
4. You will receive communication regarding patient’s participation and progress.

Patient’s Name: _____ DOB: _____

Patient’s Address: _____ City: _____ State: _____ Zip: _____

Patient’s Phone Number: _____ Email: _____

Reason for referral: Wt. loss BP Diabetes Balance Arthritis Bone health

Cardiovascular endurance Muscular strength Overall health FallProof™

Fit & Strong! Arthritis Program Diabetes Prevention Program Other: _____

_____ Patient may engage in fitness assessment(s) (including cardiovascular endurance, muscular strength & endurance, upper & lower body flexibility, balance & gait), group movement classes, and an individualized exercise program designed by an exercise professional.

Assessment and/or restrictions (if any): _____

_____ Patient may participate in an onsite weight management or other nutritional counseling program if they choose.

Nutrition Restrictions (if any): _____

Health Care Provider’s Name: _____ License #: _____

Health Care Provider’s Signature: _____ Date: _____

Practice: _____ Phone #: _____ Fax #: _____

Engage Wellness “Engage in Exercise” program includes:

1. One-month trial of participation in the Engage Wellness program, for a fee.
2. Functional fitness & balance assessment.
3. Individualized fitness program designed by a degreed exercise science professional.
4. One-on-one orientation to patient’s fitness program.
5. Option to participate in group movement classes (Tai Chi, Toning, Stretching, Line Dancing, Cardio Box, & Step) – *currently offered Virtually via Facebook.*
6. Communication back to health care provider regarding patient’s participation and progress.



Please fax referral form to Engage Wellness at: 402-552-7209