

Plymouth Township Parks & Recreation

Greater Plymouth Community Center

2910 Jolly Road | Plymouth Meeting Pa, 19462

Phone: 610-277-4312 | Fax: 610-277-4314

Physician Referral Form

Dear Physician:

_____ (name of patient) would like to participate in an exercise program sponsored by the Plymouth Township Park and Recreation Department/Greater Plymouth Community Center. Our objective is to help your patient reach their fitness goals through programs developed by of our certified staff.

Consistent with other structured exercise regimes, Plymouth's program may include among other elements, the following:

- ❖ Development of personal fitness program by certified staff
- ❖ Fitness coaching/encouragement by certified staff
- ❖ Stretching for flexibility
- ❖ Strenuous physical exertion
- ❖ Use of mechanical equipment such as treadmills, steppers, bikes, elliptical and weight training machines
- ❖ Use of free weights
- ❖ Skin contact with shared exercise equipment

Based on your knowledge of your patient, please indicate whether he/she may safely participate in the above exercise program:

Check one (✓)

_____ **Cleared with No Medical Restrictions**
Appears healthy and can safely participate in this exercise program

_____ **Cleared with Medical Restrictions**
Can participate in this exercise program but has the following restrictions. Specify

_____ **Not cleared due to medical restrictions**

Physicians Name (print):

Date:

Physicians Signature:

Physicians phone number:
