Vernon Memorial Healthcare
Wellness Center

FAX TO:	FAX RETURNED:
Clinic_____	Date_____
Provider_____	Member called_____
Fax #_____	Date:_____
Staff_____	Staff_____

507 South Main Street
Viroqua, WI 54665
Phone: 608-637-4290 Fax: _____

Referral Form for Exercise Program Participation.

Name_____ DOB_____

Address_____ City, State, Zip_____

Home Phone_____ Work Phone_____

Cell Phone_____ Email_____

Member Signature_____Date_____

Has expressed interest in joining the V.M.H. Wellness Center's Adult Fitness Program, Active Senior Program, or would like to participate in a Group Exercise Class.

Upon completion of the ACSM Pre-participation Screening, they have been found to have one or more indications requiring your assessment or approval prior to their participation in our exercise programming.
Please check appropriate action:

- ❑ **After further review of this individual's file, I find there are no current contraindications to participating in an unsupervised exercise program.**

_____ Date_____
Provider Signature

- ❑ After further review of this individuals file, **there are contraindications** to starting an unsupervised exercise program until the following assessments or testing procedures are completed.
- ❑ **My office will contact the participant to schedule the following:**

□ Office Visit, □ TM-GXT, □ GXT-EP, □ TM ECHO,
□ Bike ECHO, □ DOBI ECHO, □ Other:_____.

- **Please contact the VMH Wellness Center when this participant has been cleared for exercise, or has been referred to another supervised exercise program.**
- **Providers please contact the VMH Cardiopulmonary Diagnostics and Rehabilitation Department at 637-4497 to schedule the appropriate test.**

_____ Date_____
Provider Signature

Please fax this completed referral form to the VMH Wellness Center at 638-5014.

AHA/ACSM Pre-participation Screening Questionnaire

Mark all of the following statements that are true in each section.

You are currently experiencing these symptoms: ___ You have musculoskeletal problems that limit your physical activity. ___ You experience chest discomfort with exertion. ___ You experience unreasonable breathlessness. ___ You experience dizziness, fainting, blackouts. ___ You take heart medications.	**Additional Health Concerns:** ___ You have diabetes. ___ You have asthma or other lung disease. ___ You have burning or cramping in your lower legs when walking short distances. ___ You are pregnant. ___ You have concerns about the safety of exercise. ___ You take prescription medication(s)
You have previously experienced: ___ A heart attack ___ Heart surgery ___ Cardiac catheterization ___ Coronary angioplasty (PTCA) ___ Pacemaker/implantable cardiac defibrillator/rhythm disturbance ___ Heart valve disease ___ Heart failure ___ Heart transplantation. ___ Congenital heart disease	

NOTE: If you marked **any of the statements in this section**, your physician must provide us with a signed referral form before you may engage in exercise programming. You may need to use a medically supervised exercise program that is beyond the scope of practice of the VMH Wellness Center.

Cardiovascular Risk Factors

___ You are a man older than 45 years.

___ You are a woman older than 55 years, you have had a hysterectomy, or you are postmenopausal.

___ You smoke, or quit within the previous 6 mo.

___ Your BP is greater than 140/90.

___ You don't know your BP.

___ You take BP medication.

___ Your blood cholesterol level is >200 mg/dL.

___ You don't know your cholesterol level.

___ You have a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister).

___ You are physically inactive (i.e., you get less than 30 min. of physical activity on at least 3 days per week).

___ You are more than 20 pounds overweight.

NOTE: If you have marked **two or more** of the statements in the cardiovascular risk factors section, your physician will receive this information and must provide a signed referral form before you may engage in exercise programming.

___ **None of the above is true.** You should be able to exercise safely without consulting your physician.

Balady et al. (1998). AHA/ACSM Joint Statement: Recommendations for Cardiovascular Screening, Staffing, and Emergency Policies at Health/Fitness Facilities. Medicine & Science in Sports & Exercise, 30(6). (Also in: ACSM's Guidelines for Exercise Testing and Prescription, 7th Edition, 2005.