

UPMC Pinnacle

Hanover

Medical Fitness Center • 250 Fame Avenue, Suite 100, Entrance B, Hanover, PA 17331
Phone: 717-316-3488 • Fax: 717-316-6022
UPMCPinnacle.com/Hanover

Client Name: _____ **Date of Birth:** _____

Medical Diagnosis (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Musculoskeletal / Orthopedic | <input type="checkbox"/> Pulmonary |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Diabetes ___Type I ___ Type II |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Frailty / Deconditioned |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Hypothyroidism / Hyperthyroidism |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Balance Disorder |
| <input type="checkbox"/> Cardiac (_____) | <input type="checkbox"/> Weight Management |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Prenatal |
| <input type="checkbox"/> Hypercholesterolemia | <input type="checkbox"/> Stress / Depression |
| <input type="checkbox"/> CVA / TIA | <input type="checkbox"/> Neurological |
| <input type="checkbox"/> Peripheral Vascular Disease | <input type="checkbox"/> Neuromuscular |
| <input type="checkbox"/> Other (_____) | <input type="checkbox"/> Other (_____) |

Specialized Areas of Health, Fitness & Wellness Programming (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Land Based | <input type="checkbox"/> Nutrition / Weight Management |
| <input type="checkbox"/> Aquatic Based | <input type="checkbox"/> Employee Fitness Program |
| <input type="checkbox"/> Combination Based (Land & Aquatic) | <input type="checkbox"/> Self Help |
| <input type="checkbox"/> Athletic Performance Enhancement | |

Precautions/Restrictions: _____

Additional Comments (Areas of Concentration):

Next Scheduled Physician Appointment ____/____/____

Reassessment Recommended: ___Annually ___Biannually ___Other ___N/A

The above client is referred to the UPMC Pinnacle Hanover Medical Fitness Center for a fitness assessment and an individualized exercise program. I am aware that you will forward his/her fitness assessment to my office for my files. I also understand that I may contact the Medical Fitness Center at any time regarding the progress of my patient. I authorize participation by this individual in the UPMC Pinnacle Hanover Medical Fitness Program.

Physician's Name (PLEASE PRINT)

Date

Physician's Signature