MyFitRx®

Mercy HealthPlex
513-942-7539
mercyhealthplex.com/MyFitRx

Healthcare Provider Exercise Referral

Section A: Patient to complete

Patient Name _____

DOB _____

Phone _____

I give consent to Mercy HealthPlex to send my healthcare provider this information for an exercise recommendation.

Provider Name _____

Patient Signature _____

Date _____

Section B: Provider to complete

The patient noted above has requested to enroll in the MyFitRx program at a Mercy HealthPlex location, which requires a healthcare provider exercise referral.

Based on the patient's responses to the Pre-Activity Health Screening, the most recent guidelines from the American College of Sports Medicine® (ACSM) recommend requesting an acknowledgement from their healthcare provider prior to engaging in and/or resuming an exercise program.

Please check one of the following statements:

☐ **I DO NOT RECOMMEND** this member's participation in any exercise at this time. This member should undergo further evaluation or testing outside of the center before initiating an exercise program.

☐ **I RECOMMEND** this member's participation in an exercise program, beginning with light to moderate intensity exercise, with gradual progression, as tolerated, following ACSM guidelines.

MyFitRx Pathway:

☐ Cancer Fitness
☐ Cardiac Fitness
☐ Cognitive Health
☐ Diabetes Fitness
☐ Fit for Surgery
☐ Functional Fitness
☐ Orthopedic Fitness
☐ Pulmonary Fitness
☐ Transitional Care
☐ Weight Management

Exercise Restrictions or Recommendations: *(If applicable)*

_____

_____

_____

_____

_____

Provider Name _____

Provider Signature _____

Date _____

Please return or fax completed referral to your Mercy HealthPlex.

Anderson Fax: 513-624-1875
Fairfield Fax: 513-942-5850
Queen City Fax: 513-389-5867

NOTE: THIS INFORMATION IS CONFIDENTIAL and intended ONLY for the purpose of receipt and review by the patient and healthcare provider named on this form and by Mercy HealthPlex. If you wrongly receive this information, please telephone and return the material to the sender immediately; any expenses incurred in such a return will be fully reimbursed. Any efforts made toward wrongful review or disclosure of this information may result in prosecution.

MERCYHEALTH HealthPlex

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