



Physician Medical Release Form
TO BE COMPLETED BY YOUR PRIMARY CARE PROVIDER

Date: ____/____/____

Doctor's Name: _____

Your patient, _____, DOB ____/____/____ wishes to participate in the Rock Steady Boxing (NON-CONTACT) exercise program for people with Parkinson's disease. Our goal is to help your patient have a better quality of life through fitness and socialization. The activities may involve cardiovascular training (jumping rope, walking/running, punching heavy bags), flexibility instruction (stretching, getting up and down on the floor), resistance training and core strengthening techniques. Safety and modifications for various levels of fitness and disease progression are considered.

PHYSICIAN'S RECOMMENDATION

- I am not aware of any restrictions to participate in this exercise program.
 - I believe the patient can participate but would urge caution (*please explain*): _____
-
- Patient should not engage in the following activities: _____
-

If your patient is taking medications that will affect their heart rate response to exercise, please indicate the manner of the effect (raises, lowers or has no effect on heart rate response during exercise):

Type of medication _____	Effect _____
Type of medication _____	Effect _____
Type of medication _____	Effect _____

PHYSICIAN COMPLETES

_____ (patient's name) has my approval to begin the Rock Steady Boxing exercise program with the recommendations or restrictions stated above.

Printed name _____

Phone _____

Signature _____

RETURN TO

Fitness Manager
YMCA OF COLLIER COUNTY
101 Sand Hill Street
Marco Island, FL 34145
239.394.9622
Wellness@YMCACollier.org

Clinic Locations Throughout
Collier County!

Questions?
Call us at (239) 571-9015



Email Medical Referral
chpvirtualloffice@hpiinc.com



Fax medical referral:
(949) 404-8793



MEDICAL REFERRAL

Date _____

Patient Name _____ Check if Referral is for PEDIATRIC Services

Check if Referral is for ADULT Services

DOB _____ Phone Number _____

Diagnosis _____

Evaluate & Treat

Physical Therapy

Occupational Therapy

Speech and Language Therapy

Sport Medicine

Population Health Therapy

Improve health outcomes for patients with chronic conditions or risk of chronic disease. Population Health Therapy includes: 1x Evaluation with therapist for independent exercise program development. Subsequent visits if needed to learn program for safe and independent exercise.

Health Navigation

- Regular health assessments and health screens.
- Ongoing support at the YMCA for lifestyle modification.
- Referral into programs and services at the YMCA.
- Ongoing support at the YMCA for lifestyle modification.

Behavioral Health

- Referral to Licensed Mental Health Counselor.
- Short term counseling to improve coping skills.

Diabetes Self-Management & Education (DSME)

The ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care. The overall objectives of DSME are to support informed decision making, self-care behaviors, problem solving, and active collaboration with the health care team and to improve clinical outcomes, health status, and quality of life. Initial DSME includes 10-hours of education* and self-management techniques and for those living with type1, or type 2 diabetes. The 10-hour DSME program includes a one-hour session with registered dietitian and four-follow up group sessions in the Diabetes Alliance Network's (DAN) DSME program.

The group sessions topics are:

- What Do I Do Now?** (2 Hours)
- What Can I Eat?** (3 Hours)
- How Can I Take Control?** (2 Hours)
- How Do I Stay on Track?** (2 Hours)

NOTE: Those completing the initial 10-hour DSME program are eligible for 2-hours of maintenance in each subsequent year.



*The American Diabetes Association Recognizes this education service as meeting the National Standards for Diabetes Self-Management Education and Support.

Core Health Partners is recognized by the American Diabetes Association for Diabetes Self-Management Education* and Support.

Medical Nutrition Therapy (MNT)

Nutrition services to help improve health includes:

- A. Reviewing eating habits and lifestyle.
- B. Thorough assessment of your nutritional status.
- C. Personalized nutrition treatment plan.

Child Obesity Program Service

Autism Diagnostic Observation Schedule (ADOS) Test

Physician's Signature: _____

Clinic Name: _____

Clinic Number: _____

Comments: _____

NPI #: 1649815200

PLEASE FAX REFERRAL TO: Core Health Partners (949) 404-8793