

Dear Dr. _____,

I, _____, desire to participate in The Well Health Initiative's Healthy Lifestyles Program. This program focuses on healthy eating habits and routine exercise as the building blocks for maintaining healthy weight, reducing risk of disease and developing a healthy lifestyle. As part of this program, I will be participating in a community walking program on multiple days a week.

On my initial evaluation with this program, a heart health screening was performed and I was informed that I have an increased risk in the following area(s):

_____ Age	_____ Family history of heart disease
_____ Personal history of heart disease	_____ Smoking
_____ Blood Pressure ____/____	_____ Cholesterol
_____ Triglycerides	_____ Diabetes
_____ Sedentary lifestyle	_____ Weight
_____ Symptoms _____	_____ Symptoms _____

Based on this screen, a medical examination by you, my primary care physician, was recommended. The program will need your written clearance prior to exercise participation.

It is understood that this opinion constitutes no legal accountability. I realize the clearance is based on the necessary evaluation by my physician to ensure that I am in good enough health to participate in an exercise program. However, the choice to exercise ultimately rests with me and I accept full responsibility.

I hereby authorize the release of my lipid profile, glucose screening and blood pressure results to The Well Health Initiative.

Signature of Patient: _____ Date: _____

Physician section only

Please advise by choosing one of the following guidelines:

_____ I need to further evaluate my patient before giving a medical clearance. Upon completion of the evaluation, I will provide you with guidelines for an exercise program.

_____ Based on my knowledge of the patient's health status, there are no medical contradictions to prevent him/her from participating in a supervised exercise program.

Comments / Limitations: _____

Physician Signature: _____ Date: _____

Please return this form to: Sarah McDade, MD