



Exercise is Medicine Prescription & Referral Form

Physician and Healthcare Provider Instructions

1. Assess patients' exercise habits and encourage patient to increase physical activity, if appropriate.
2. Refer appropriate patients to Piedmont Atlanta Fitness Center EIM Program (Minimum 14 years old).
3. Complete form and fax to 404-609-6866. Patient will be called to schedule an appointment.
4. You will receive confirmation of patients' participation and progress in the program.

Patient Information

Name: _____ DOB: _____ MRN: _____

Phone: _____ E-mail: _____

Mailing Address: _____

Patient completes 150 minutes/week of cardio and strength training twice a week? Yes No

Reason for Referral:

Health Concerns/Restrictions:

Additional Program Recommendations:

Arthritis Foundation Aquatics
Program

Cancer Wellfit

COPD

PINK

Restorative Yoga

Heart Strong

Fibromyalgia Aquatics

Heart Fit

Spine Wellness

Health Care Provider Information

Name: _____ Practice Name: _____

Phone: _____ Fax: _____

Physician Signature: _____

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