

Physician Referral for STEP Program

**Please fax completed form Haywood Regional Medical Center's
Pre-Arrival Department: (828) 452-8349**

Patient Name: _____ Age: _____ DOB: _____
Phone number: _____ Address: _____
Insurance: _____ Diagnosis/precautions: _____

Patient is being recommended for:

- | | |
|---|--|
| <input type="checkbox"/> STEP "Red" (cardiopulmonary track) | <input type="checkbox"/> STEP "Purple" (cancer management track) |
| <input type="checkbox"/> STEP "Silver" (neurological disorders track) | <input type="checkbox"/> STEP "Balance" |
| <input type="checkbox"/> Other: _____ | |

Physical Therapy Questionnaire

Can the patient walk at least a block?..... Yes No

Can the patient get up and down from a chair without use of their hands? Yes No

Has the patient remained free of any falls in the past year? Yes No

Do they feel steady on their feet? Yes No

Any concerns about an injury or pain in a body part that would limit them from exercise?

**** Based upon your answers to the previous questions, please select:**

- YES**—Patient needs Physical Therapy evaluation and/or treatment prior to participating in STEP
- NO**—Bypass Physical Therapy evaluation, and allow patient to begin STEP immediately

General Exercise Guidelines

STEP admittance is based on the guidelines from the American College of Sports Medicine (ACSM).

By initialing items below, I authorize the STEP care team to:

- _____ Perform standard aerobic capacity and strength assessments.
- _____ Allow participation in group/individual education sessions concerning exercise and basic nutrition guidelines.

(Continued on back)

_____ Upon completion of six-week STEP program, the above patient is cleared to become a member of Haywood Regional Health & Fitness Center and continue exercising independently.

Lastly, please list any further limitations or specific individual guidelines or protocols you want your patient to follow pertaining to exercise: _____

Physician name: _____ Phone: _____

Signature: _____ Fax: _____

Date: _____

***Thank you for the referral of your patient, and for your support of the STEP Program
at Haywood Regional Health & Fitness Center!***