



A Medical Exercise Program

Fax
781-459-6440

Patient Requested Program Physicians Recommendation Referring Professional

Patient Information

Name _____ D.O.B. _____

Home Phone _____ Cell Phone _____

Patient is cleared for (please check any that apply)

Unsupervised Exercise Pending results of physician performed graded exercise test

Precautions / special conditions for exercise clearance

Physician Stamp

Referring Physician (please print)

or/ Referring Professional and Specialty

Signature _____

Office Location _____

Phone _____

Date _____

Please check if your office needs more referral forms



Dedham Health & Athletic Complex

Feel free to contact DHAC's Coordinator of Medical Programs:
781-251-0204 phone 781-459-6440 fax