Fit for Surgery Program

Doctor:

Date:

Patient:

Patient's Address:

Patient's Phone:

Patient's Date of Birth:

Your patient is interested in taking part in the Fit for Surgery program. We require participants to undergo a fitness assessment before beginning this program so an appropriate exercise prescription can be made. The assessment may include:

- Sub-maximal treadmill/walking tests (various protocols)
- Muscular endurance evaluations (upper body, lower body, and abdominal)
- Flexibility evaluations
- Body composition measurements
- Functional survey (SF-36)

Primary Diagnosis:

Planned Surgical Procedure and Date:

Recommendations or Restrictions by Physician: _____

_____

_____

Physician Signature:

☐ I *fully approve* of this patient's participation in fitness activities and the fitness assessment without limitations based on satisfactory completion of the intake process.

☐ I *conditionally approve* of this patient's participation in fitness activities and the fitness assessment with the recommendations/restrictions as listed above.

☐ I *do not approve* of this patient's participation in fitness activities and the fitness assessment at this time.

Please complete and fax to 304-822-7414 or e-mail to jjeran@valleyhealthlink.com at your earliest convenience.

The patient may bring to any Valley Health fitness center of choice.

VALLEY HEALTH FITNESS CENTERS

Hampshire Wellness & Fitness Center
1000 Heritage Circle • Romney, WV 26757
304-822-7255

Page Memorial HospitalFitness Program
12 East Luray Shopping Center • Luray, VA 22835
540-743-9988

Shenandoah Memorial Hospital Fitness Program
759 South Main Street • Woodstock, VA 22664
540-459-1164

Valley Health Wellness & Fitness Center
401 Campus Boulevard • Winchester, VA 22601
540-536-3000

War Memorial Hospital
The Center for Rehab and Wellness
261 Berkmore Place, Suite 2A • Berkeley Springs, WV 25411
304-258-8377

Warren Memorial Hospital Outpatient Center
Fitness Program
120 North Commerce Avenue • Front Royal, VA 22630
540-635-0730