

Health Promotion

ASU Box 32069
Boone, NC 28608

(828) 262-6314

Fax: (828) 262-7019

Date: _____

Dear Dr. _____:

Your patient, _____, has indicated an interest in exercise classes sponsored by Health Promotion at Appalachian State University. He/she is specifically interested in _____. Qualified instructors lead all exercise groups. Because of the following reasons, it is necessary for him/her to have physician approval prior to exercise:

_____ High Risk

Risk Factors:

_____ Age-Man older than 45; Woman older than 55

_____ Family history of premature CHD

_____ Smoking

_____ Hypertension

_____ Hypercholesterolemia

_____ Diabetes

_____ More than 20 pounds overweight

Signs/symptoms of CHD:

_____ Known Disease

Please complete and fax to Health Promotion, 262-7019.

Thank you!

_____ I feel that it is safe for this patient to join this exercise program.

_____ I recommend that this patient not exercise and/or see me for an evaluation prior to starting this exercise program.

_____ I feel it is safe for this patient to join this exercise program with the following modifications: _____

Signature

Date