

**HANCOCK COUNTY HEALTH DEPARTMENT
FITNESS CENTER**

671 Wabash Ave PO Box 357

Carthage, IL 62321

Phone (217) 357-2171

PATIENT REFERRAL FORM

Patient Name _____

Date of Birth _____ Weight _____

Diagnosis/Date of Dx _____

Please allow the above-named patient access to the facility and equipment of the Hancock County Health Department Fitness Area as follows:

_____ Unlimited (No restrictions)

_____ Sessions per week _____ Minutes per session

_____ Chair Exercise Only (Chair Yoga, Strength Training or Chair Dancing)

_____ Hand Weights (2 lbs each)

_____ Treadmill (motorized or manual)

_____ Recumbent Bike (no upper body work)

_____ NuStep T5 (recumbent cross trainer)

_____ Exercise Bike with Upper Body levers

_____ Other (restrictions, limitations, instructions, comments)

Healthcare Provider Signature _____

Date _____

Phone _____