

REHABILITATION PRESCRIPTION FORM



PATIENT NAME

PATIENTS PHONE NUMBER

TODAY'S DATE

****Physician's Office: PLEASE complete prescription form completely, attach patient's current medication list and fax to Carroll Wellness Center at 276-728-9298 or email to carrie@carrollwc.com****

COMPLETE ONE OF THE FOLLOWING BELOW

DIABETES

Current A1C: _____

CHRONIC ILLNESS

Type: _____

STEP DOWN CARDIAC

Cardiac Event: _____

CANCER

Type & Surgeries: _____

PLEASE LIST RECOMMENDATIONS OR RESTRICTIONS PERTAINING TO YOUR PATIENT'S EXERCISE PROGRAM:

PHYSICIAN SIGNATURE

PHYSICIAN NAME (PRINTED)

DATE

PHONE

CARROLL WELLNESS CENTER

(PHYSICAL): 164 CARTER PINES LANE, HILLSVILLE, VA 24343
(BILLING): PO BOX 1266, HILLSVILLE, VA 24343
PHONE: 276-728-2500
FAX: 276-728-9298
WEBSITE: carrollwc.org

FACILITY HOURS OF OPERATIONS

MONDAY - FRIDAY 5:00 AM - 9:00 PM
SATURDAY 8:00 AM - 4:00 PM
SUNDAY 1:00 PM - 4:00 PM

REHABILITATION TRAINERS

CARRIE PHIPPS
 DIABETIC & CANCER REHABILITATION COORDINATOR
 carrie@carrollwc.com

KENZIE MARSHALL
 DIABETIC & CANCER REHABILITATION ASSISTANT
 kenzie@carrollwc.com

REHABILITATION HOURS

MONDAY - FRIDAY
 8:00 AM - 5:00 PM

PROGRAM CONSISTS OF 8 WEEKS WITH A CERTIFIED PERSONAL TRAINER - 2 TIMES PER WEEK**AMERICAN COLLEGE OF SPORTS MEDICINE GUIDELINES****FOR APPARENTLY HEALTHY/INDIVIDUALS:**

- 5 - 10 minutes cardiovascular warm-up followed by stretching.
- 20 - 60 minutes, 3 - 5 days a week cardiovascular with heart rate between 60% and 90% max heart rate.
- 2 - 3 days a week resistance training with 1 - 3 sets of 1 exercise of each major muscle group with resistance equal to a load of 8 - 12 repetitions.
- 5 - 10 minute cool-down followed by stretching.

GRADED EXERCISE TREADMILL TEST (GXT) PRIOR TO ENGAGING IN AN EXERCISE PROGRAM FOR THE FOLLOWING REASONS:

- 2 or more cardiac risk factors.
- Signs or symptoms suggestive of cardiopulmonary or metabolic disease.
- Documented heart disease.