

☐ p.r.e.p.®

- ☐ General Health Track
- ☐ Diabetes Management Track
- ☐ Healthy Hearts Track
- ☐ Pre/Post Natal Track
- ☐ p.r.e.p.®are for Surgery Track (Hip & Knee)
- ☐ Surgical Weight Management Track
- ☐ Pediatric Obesity

☐ Cancer Wellness

☐ Other \_\_\_\_\_



**Patient is cleared for unsupervised exercise. If there are any precautions/special conditions please list here.**

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**Patient Information**

Patient name \_\_\_\_\_

Patient phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Fax completed form to:**

**The Arena Club**

2304 Churchville Road

Bel Air, MD 21015

Phone: 410-734-7300

Fax: 410-734-7371

www.thearenaclub.com



Note to physicians: The p.r.e.p.® Diabetes Management Track was designed within ADA guidelines and recommends exercise within blood sugar levels of 100-350 mg/dl. Please advise if your recommendation is different for your patients.

**Thank you for prescribing exercise.**

**Provider Information**

Provider name (print) \_\_\_\_\_

Provider signature **X** \_\_\_\_\_

Date \_\_\_\_\_

**Practice mailing address**

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Phone \_\_\_\_\_

**Method of Contact**

*Please check any/all that apply:*

- ☐ Mail me patient updates/progress reports
- ☐ Please advise me if patient does not pursue program
- ☐ I do not require follow-up on this patient at this time

**Provider Stamp**