

**HANCOCK COUNTY HEALTH DEPARTMENT  
FITNESS CENTER  
671 Wabash Ave  
Carthage, IL 62321  
Phone (217) 357-2171 ext 119**

**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 \_\_\_\_\_