



YMCA MEDICAL MEMBERSHIP REFERRAL
YMCA of the Triangle

PARTICIPANT DETAILS

Name
DOB
Gender (circle one) M F
Insurance Carrier
Telephone Number
Email

PARTICIPANT PROGRAM WITH RELEVANT REFERRAL INFORMATION

- LIVESTRONG at the YMCA: 12-week, 24-session cancer survivor program...
Diabetes Prevention Program: 12-month program for pre-diabetics...
Blood Pressure Self-Monitoring: 4-month program for patients with high blood pressure...
Weight Loss Program: 12-week, group-based nutrition and exercise tracking...
Healthy Weight and Your Child: 15-week, family-based, weight management program...
Moving for Better Balance: 12-week, 24-session falls prevention program.

REQUIRED MEDICAL CLEARANCE AND AUTHORIZATION TO RELEASE INFORMATION

My patient above is:
Not cleared to exercise at this time
Cleared to exercise with no restrictions
Cleared to exercise with the following restrictions
I (the provider) have obtained participant authorization to release information to the YMCA of the Triangle.
Provider Practice (please print)
Provider Signature
Date
Patient Signature or Oral Consent
Date

For questions and to return the forms, contact our Community Health Team:
919-582-9396; Medical.Membership@ymcatriangle.org; HIPAA compliant fax at 1-844-621-2799;
Direct Messaging: TriangleYMCA@direct.ochi.app;
Visit https://www.ymcatriangle.org/medical-memberships to learn more about YMCA Medical Memberships.