YMCA MEDICAL MEMBERERSHIP REFERRAL
YMCA of the Triangle

PARTICIPANT DETAILS

Name____Insurance Company_______________________________________

DOB______________________Gender (circle one): M F

Telephone Number_______________________________Email ____

PARTICIPANT PROGRAM WITH RELEVENT REFERRAL INFORMATION

□ LIVE**STRONG** at the YMCA: 12-week, 24 session cancer survivor program focused on physical activity.
Brief history____

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□ Diabetes Prevention Program: 12-month program for pre-diabetics or at high risk of developing DM with risk factors. List any value of prediabetes "or risk factors". ____

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□ Blood Pressure Self-Monitoring: 4-month program for patients with high blood pressure to monitor, track, increase physical activity, and heart healthy eating. Patients eligiblity: no recent cardiac event, not have atrial fibrillation or other arrhythmias, not be at risk for lymphedema. ____

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□ Weight Loss Program: 12-week, group-based nutrition and exercise tracking and goal setting program.

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□ Healthy Weight and Your Child: 15-week, family-based, weight management program for children (95% BMI).
Height________________________________Weight________________________________BMI ________________________

□ Moving for Better Balance: 12-week, 24-session falls prevention program.
Brief history____

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 __________________

Provider Name (please print)____NPI# __________________

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.