



PARTICIPANT DETAILS

Name Insurance Company
DOB Gender (circle one): M F
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
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: triangle@direct.mywelld.com;

Visit https://www.ymcatriangle.org/membership/y-health-memberships to learn more.