



PHYSICIAN REFERRED EXERCISE PROGRAM

Is The Atlantic Club Fitness & Wellness Center's guided introduction to exercise where participants meet with certified fitness professionals in small groups twice per week for 60 days.

Participants also receive:

- scheduled group sessions with a registered dietitian
- full access to all The Atlantic Club fitness facilities
- group exercise classes
- myzone belt so the fitness professional may track progress in and out of the program

p.r.e.p.[®]
60 DAYS \$
FOR 60



Ask your doctor for a
p.r.e.p.[®] prescription
today.



p.r.e.p.[®] | THE ATLANTIC CLUB
physician referred exercise program

Be your best.

p.r.e.p.[®]

p.r.e.p.[®]are

- | | |
|--|---|
| <input type="checkbox"/> General Health Track | <input type="checkbox"/> Arthritis Track |
| <input type="checkbox"/> Diabetes Management Track | <input type="checkbox"/> Healthy Back |
| <input type="checkbox"/> Healthy Hearts Track | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Menopausal | <input type="checkbox"/> Healthy Hearts Track |
| | <input type="checkbox"/> Other _____ |

- Prenatal Track/ Postnatal
- Hip Surgery
- Knee Surgery

* p.r.e.p.[®]are patients are eligible to come back and do p.r.e.p.[®] post surgery and/or child birth. Ask a p.r.e.p.[®] Member Coordinator for details.

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.

Patient email.

Date of Birth. / /

Bloodwork (optional)

Total Cholesterol. HDL.

Glucose. A1C.

Fax completed form to patient's
 The Atlantic Club Fitness & Wellness Center locations:

MANASQUAN, NJ

1904 Atlantic Avenue
 Manasquan, NJ 08736
 phone.....732.292.4350
 fax.....800.758.0948

RED BANK, NJ

325 Maple Avenue
 Red Bank, NJ 07701
 phone.....732.450.4408
 fax.....800.853.5519

Provider Information

Provider name (print)

Provider signature, **X**

SIGN HERE

Date. / /

Provider phone.

Provider fax.

You will receive progress reports on your patients.

Provider Stamp