

**Ellen Bodner's
Next Step**

**Ellen Bodner, PT, DPT, Executive Director
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Hollis Hills, NY 11364
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Dear Doctor:

Your patient is interested in joining the Next Step Health and Fitness Center. Prior to beginning our program we require that each person obtain their physician's clearance.

We adhere to the guidelines and principles set forth by the American College of Sports Medicine (ACSM) for evaluation of health status, exercise testing and prescription. We offer our participants a complete fitness assessment including a submaximal graded exercise test, body composition analysis, flexibility assessment and muscular strength assessments in order to prescribe an individualized exercise program. In addition to a fitness evaluation your patient will be asked to complete a Health-Medical Questionnaire.

Please complete the following summary regarding your patient's participation in our program.

Sincerely,

Joann Kueber, B.S.
Exercise Physiologist

Patient's Name: _____ Date: _____

Total Cholesterol _____ HDL _____ LDL _____ Triglycerides _____

Blood Glucose Levels _____ Resting BP _____ Resting HR _____

Please include a copy of any other pertinent tests (i.e. resting EKG, stress test results, nuclear imaging, spirometry report, etc.)

Physician's Name: _____ Phone: _____

Physician's Signature: _____

Please check one:

- My patient can participate in an exercise program with no medical contraindications.
- My patient can participate in an exercise program with the following considerations or limitations:

- My patient can NOT participate in an exercise program at this time for the following reason(s):
