



BaySportLife Program

NAME: _____ DATE: _____

HEALTH RISK FACTORS: _____

SURGERY (IF APPLICABLE): _____ SURGERY DATE: _____

Please check the desired program or services.

Comprehensive program includes:

- ◆ Lifestyle Training Consultation & Program Development with Case Manager (Clinical Physiologist or Physical Therapist)
- ◆ Initial Nutrition Assessment and Dietary Plan (60 minutes) with a Registered Dietitian
- ◆ Training Sessions (15 sessions @ 30 minutes)
Ten One-on-One Training Sessions with Personal Trainer includes Fitness Assessment plus Five Independent Training Sessions
- ◆ Ongoing Lifestyle Coaching by Case Manager
- ◆ Follow-up evaluation and goal setting with Registered Dietitian and Clinical Physiologist or Physical Therapist
- ◆ Program Report to Referring Physician
- ◆ Web-based Health and Fitness Tracking with AttuneLife

Individual Services:

- Lifestyle Training Consultation & Program Development with Case Manager (Clinical Physiologist or Physical Therapist)
- Nutrition Consultation & Program Development (60 minutes)
- Ongoing Lifestyle Coaching by Case Manager
Includes access to AttuneLife - Web-based Health and Fitness Tracking
- Individual Sessions with Personal Trainer

COMMENTS/RECOMMENDATIONS/PRECAUTIONS:

ADDITIONAL TESTING RECOMMENDED:

- | | | | |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> Blood Lipid Panel | <input type="checkbox"/> Blood Glucose | <input type="checkbox"/> HbA1c | <input type="checkbox"/> Treadmill Stress Electrocardiogram |
| <input type="checkbox"/> Blood Pressure Monitoring | <input type="checkbox"/> Body Composition | <input type="checkbox"/> Other _____ | |

_____ My patient has medical approval to participate in the BaySportLife Services with no restrictions.

_____ My patient has medical approval to participate in the BaySportLife Services based upon my recommendations/precautions as noted above.

Physician's Signature: _____