

FitScripts

at Powell Wellness Center



About Us

Powell Wellness Center is certified by the Medical Fitness Association and uses best practices to achieve better health and wellness.

- Exercise plans address special instructions from your physician or healthcare provider
- Exercises are selected to meet your specific healthcare needs
- Exercise specialists have a health-related degree and are nationally certified

Specialized Programming

FitScripts features fitness programs for individuals transitioning from or managing a medical condition or needing additional support to improve their level of physical activity.

Aquatic Fitness Improve cardiovascular fitness, balance, and range of motion in an environment that reduces impact on joints.

Cancer Fitness Improve muscle function, range of motion, fatigue, depression, lymphedema and more.

Cardiac and Pulmonary Rehab Phase III Optimize activities of daily living for those with pulmonary, respiratory, or heart conditions.

Diabetes/Hypertension Fitness Manage Type I or Type II diabetes, prediabetic symptoms or high blood pressure.

General / Weight Loss Increase endurance, improve balance or lose weight while learning to improve your exercise routine.

Kids Fitness (10-14 yrs old) Develop life-long fitness habits to manage weight, increase self-esteem and decrease stress and anxiety.

Orthopedic Fitness for pre/post orthopedic surgery or to manage a reoccurring injury.

Pre/Postnatal Fitness More energy during pregnancy, reduced stress and anxiety, quicker recovery from birth, fewer complications in pregnancy, shorter labor time and increased self-esteem.

All 8-week programs offer:

- Fitness Evaluations at beginning and the end of the program
- 2 training sessions per week in small groups
- A summary report provided to you and your physician
- Unlimited full access to the center and its amenities
- Transition to full membership with a discounted enrollment fee at the end of the 8 weeks

Medical Fitness Referral

Referral from a healthcare provider is required to participate in a FitScripts fitness program.

Patient Information

Patient name _____

Patient phone _____

Date of Birth ____ / ____ / ____

Provider Information

Provider name (print) _____

Practice _____

Provider fax _____

Patient is referred for (choose the most appropriate program):

- | | |
|--|--|
| <input type="checkbox"/> Aquatic Fitness | <input type="checkbox"/> General / Weight Loss |
| <input type="checkbox"/> Cancer Fitness | <input type="checkbox"/> Kids Fitness |
| <input type="checkbox"/> Cardiac and Pulmonary Rehab Phase III | <input type="checkbox"/> Orthopedic Fitness |
| <input type="checkbox"/> Diabetes /Hypertension Fitness | <input type="checkbox"/> Pre/Postnatal Fitness |

Please list any exercise restrictions or recommendations:

Provider signature _____

Date ____ / ____ / ____

Submit completed form by fax (540) 321.4252 or email to Whitney Propps, wpropps@culpeperwellness.org

Provider Stamp:



POWELL WELLNESS CENTER
Culpeper Wellness Foundation

(540) 445.5388
(540) 321.4252 (fax)

www.powellwellnesscenter.org
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