



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

LIVESTRONG® at the YMCA Referral Form

LIVESTRONG® at the YMCA is a 12-week physical activity and well-being program designed to help adult cancer survivors achieve their holistic health goals. The research-based program offers participants a safe, supportive environment focused on strengthening the whole person. The course includes two classes per week, each lasting 90 minutes (including rest and reflection time, not consistent physical activity). At the start of the program, your patient will participate in a fitness assessment by YMCA staff including a six-minute walk test, one-repetition max test for upper and lower body, and a balance and flexibility test. By completing the form below, you are not assuming any responsibility for the Y's administration of the exercise program. If you know of any medical or other reasons why the applicant should not participate in LIVESTRONG® at the YMCA program, please indicate on this form.

PLEASE PRINT APPLICANT INFORMATION BELOW (to be completed by participant or physician)

First Name: _____ Last Name: _____ DOB ___/___/___ Male Female

Street Address: _____ City: _____
(Include Apt. #)

State: _____ Zip Code: _____ YMCA Branch Preference: _____

Phone Number: _____ Email Address: _____

Type of Cancer Diagnosed: _____ Date of Diagnosis: _____

When was your last treatment? _____

Participant Signature: _____

Below, please check availability (Check all that apply):

Mon.	<input type="checkbox"/> AM	Tues.	<input type="checkbox"/> AM	Wed.	<input type="checkbox"/> AM	Thurs.	<input type="checkbox"/> AM	Fri.	<input type="checkbox"/> AM
	<input type="checkbox"/> Noon		<input type="checkbox"/> Noon		<input type="checkbox"/> Noon		<input type="checkbox"/> Noon		<input type="checkbox"/> Noon
	<input type="checkbox"/> PM		<input type="checkbox"/> PM		<input type="checkbox"/> PM		<input type="checkbox"/> PM		<input type="checkbox"/> PM

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To be completed by physician:

I approve the patient to participate in Livestrong at the YMCA.

*The applicant should not engage in the following activities, please be specific (use additional paper if necessary):

Name of Applicant: _____ Physician Name: _____

Physician Contact #: _____ Physician Signature: _____ Date: _____

Physician Fax: _____ Physician Email: _____

For data purposes, please indicate where the participant's pre and post assessments should be sent to: _____

All referrals should be sent to ymcareferrals@ymcacharlotte.org

YMCA OF GREATER CHARLOTTE

www.ymcacharlotte.org

The Y: We're for youth development, healthy living and social responsibility.