

YMCA Exercise is Medicine® Program

PRESCRIPTION FOR EXERCISE

EMAIL: claire.young@ymcasibc.ca

LOCATIONS: Kelowna Family YMCA

H₂O Adventure + Fitness Centre Kelowna Downtown YMCA 375 Hartman Rd 4075 Gordon Dr 1011-505 Doyle Ave

FAX: 250-765-7962

Patient Information		
Name:		
Date:	DOB:	
Email:	Phone	<u>. </u>
Referring Practitioner		
Name (if applicable):	Phone	e:
R		
Medical Conditions / Recommendat	ions / Limitations:	
Doctor Signature	Print Name	
Yes, I'd like to receive feedback	☐ No, I don't need feedback	Central Okanagan Division of Family Practice