



# YMCA Exercise is Medicine® Program

## PRESCRIPTION FOR EXERCISE

**EMAIL:** healthpromotions@ymcasibc.ca

**FAX:** 250-765-7962

**LOCATIONS:** Kelowna Family YMCA  
H<sub>2</sub>O Adventure + Fitness Centre  
Kelowna Downtown YMCA

375 Hartman Rd  
4075 Gordon Dr  
1011-505 Doyle Ave

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### Patient Information

Name: \_\_\_\_\_

Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Referring Practitioner

Name (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

# R<sub>x</sub>

Medical Conditions / Recommendations / Limitations:

\_\_\_\_\_  
Doctor Signature

\_\_\_\_\_  
Print Name

☐ Yes, I'd like to receive feedback

☐ No, I don't need feedback