



Prescription for Exercise

YMCA of Southern Interior BC

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Find a digital copy
of this form at
ymcasibc.ca/ExRx

Patient Information

Name: _____ DOB: _____

Email: _____ Phone: _____

Preferred Location:

- | | |
|--|--------------------|
| ☐ Kelowna Family YMCA | 375 Hartman Rd |
| ☐ H ₂ O Adventure + Fitness Centre | 4075 Gordon Dr |
| ☐ Kelowna Downtown YMCA | 1011-505 Doyle Ave |

Medical Conditions / Recommendations / Limitations:



- | | |
|---|---|
| ☐ Diabetes Prevention | ☐ Pulmonary Health |
| ☐ Diabetes Management | ☐ Cardiac Health |
| ☐ Hip and/or Knee Joint Health (pre/post surgery) | ☐ Obesity Management |
| ☐ Exercise is Medicine® Canada Program: General exercise counselling | |

Referring Practitioner

Name: _____ Date: _____

Email: _____ Phone: _____

