



Medical Exercise Trainers
1001 Connecticut AVE NW Suite 535
Washington, DC 20036
Tel: 240.390.6398| Fax: 202.223.0565

Name _____ **Date** _____

Diagnosis/Rx: _____ **Notes** _____

PROGRAM:

- _____ Medical Exercise Training (Chronic Conditions)
- _____ Post Rehab Training (Transitioning from Physical Therapy)
- _____ Pre-Natal
- _____ Post-Natal
- _____ Weight Loss
- _____ Strength Training

DURATION & FREQUENCY:

- _____ 1 x Week for _____ Weeks
- _____ 2 x Week for _____ Weeks
- _____ 3 x Week for _____ Weeks
- _____ 1 x Month for _____ Months
- _____ 2 x Month for _____ Months
- Other: _____

Signature