

OSF Saint Francis

# MEDICAL EXERCISE PROGRAM & SILVERSNEAKERS®

- OSF Saint Francis Medical Exercise program provides a medically based wellness program designed to meet your individual health needs.
- The OSF Medical Exercise Program & SilverSneakers requires a physician's consent for participation. (Please see opposite side for consent.)
- Your health plan may include SilverSneakers as part of your benefit package. Find out how you can take advantage of all SilverSneakers offers! Visit [www.silversneakers.com](http://www.silversneakers.com) for more information or call 1-888-423-4632 (hearing-impaired members call the National Relay Service: 711), Monday through Friday 8am to 8pm EST to speak with a customer service representative.
- If your health plan does not pay for this program, you may join the exercise program as a paying member.



## Informational Orientation (Required)

Every Tuesday  
1:00 - 2:00 pm

1st Floor Classroom at the  
RiverPlex Recreation & Wellness Center

- Program Overview
- Obtaining Medical History
- Medication List
- Obtaining Physician Consent
- Medication Review
- Consents/Waivers
- Membership

For more information about OSF Medical Exercise Programs and SilverSneakers, please call (309) 282-1639.



Physician \_\_\_\_\_ Fax # \_\_\_\_\_

## Physician Consent for Participation in OSF Wellness Services Programs at the RiverPlex

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

### I. Please Complete or Include Current Summary List

Problems / Medical Diagnosis		
Date	Active	Operative / Invasive

Are there any restrictions for exercise? (*please circle one*)    Yes    No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**II.** • Patient membership in the OSF Wellness Services programs **includes**, but is not limited to the following: Heart Disease, Diabetes, Peripheral Vascular Disease, Pulmonary Disease, Arthritis, Fibromyalgia, Muscular Sclerosis, Stroke, and Parkinson's.

- I approve the above patient's participation in the OSF Wellness Services programs at the RiverPlex.
- No exercise restrictions apply, unless otherwise mentioned above.
- OSF standing orders will be initiated in the event of medical emergencies.
- Pre and post exercise blood glucose checks for all Type I & II Diabetes per program protocol.

Signature \_\_\_\_\_ MD    Date \_\_\_\_\_ Time \_\_\_\_\_