

## Cary Grossman Health & Wellness Center

### Medical Fitness Program Verification Form

**Program Completed:**

- Bariatric Program       Cardio/Pulmonary Rehab       Oncology  
 Weight Loss Management       Diabetes Education Program

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Patient Phone # \_\_\_\_\_

Hospital/Facility \_\_\_\_\_

City/State \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Physician/ Therapist \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Please review the following statement:**

The above patient is interested in entering a Medical Fitness exercise program at the Jupiter Medical Center Health & Wellness Center located in Jupiter FL. This is **NOT** a physician or therapist clearance form for exercise (separate form). This is a **VERIFICATION** form with the intent to verify that the above patient/client completed the program selected at the noted facility. If verified, the above patient will be eligible to enter the Medical Fitness Program at Jupiter Medical Center. Please feel free to contact us with any questions.

Physician/Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician/Therapist Name \_\_\_\_\_

**Comments:**

**Return form to:** Jupiter Medical Center, Health & Wellness Center  
1004 S. Old Dixie Hwy.  
Jupiter, FL 33458  
561-263-2969, Fax: 561-263-5776

Faxed:  
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