

Physician Consent Form

With your physician's approval,
the HOPE program can begin at any time.

Patient Name: _____

Address:

Phone: _____

Doctor's Approval

The above-mentioned individual has my approval to participate in the HOPE Program including an exercise portion at the Wellness Center at Baptist Hospital. *Please attach any further information that would be helpful in the care of the participant including contraindications for exercise.*

Doctor's Signature:

Doctor's Printed Name:

Phone:

Date: _____

Please Fax materials to
615.284.3037

For more information, call **615-284-BFIT**
or visit www.BaptistHospital.com.



The Wellness Center
Baptist Hospital

HOPE

Comprehensive Cancer Wellness

Healing through **O**ptimism,
Persistence, and **E**xercise



The Wellness Center
Baptist Hospital

stay well.

HOPE

Comprehensive Cancer Wellness

Program Includes:

Wellness Center Membership:

- 3-months Full Facility Membership, including Yoga classes, group exercise classes and all amenities

Fitness Coaching:

- Individualized exercise program and weekly training sessions with a Wellness Specialist

Nutrition Consultation:

- Personal consultation with an Oncology Nutritionist

Orthopaedic Screening:

- Injury screening with a Physical Therapist to assess orthopedic limitations

Education Seminars:

- Quarterly education seminars on prevalent health topics

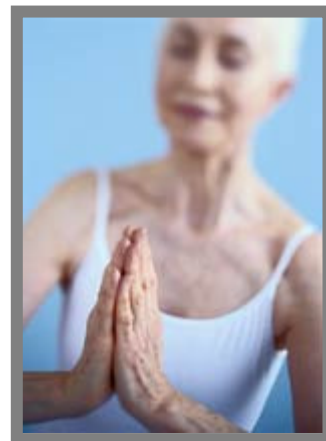


The mission of HOPE is to empower individuals throughout the healing process by encouraging movement, self-reliance, education and connection to other cancer survivors.

Program Costs:

- \$45 for 3-month program
- You may join the facility after 3-months for NO joining fee and regular membership rates

Scholarships available to those who qualify



One-on-One training will help you increase strength and stamina!

stay well.

**For more information call
Andrea Hall
615.284.BFIT**