



**YOU
belong
here**



YMCA of
Greater Des Moines

**Healthy
Living
Center**

Date _____

Patient Name _____

DOB _____

Diagnosis/ICD-9 _____

DOI/DOS _____

Precautions/Restrictions _____

Freq/Duration _____

EVALUATE & TREAT

Aqua Therapy

Medical-Based Exercise Programs

Trim Kids

General Fitness/Exercise

Group Exercise Therapy

Comments _____

Physician Signature _____

NPI# _____

...connecting the dots for a better life.