

FITNESS POINTE YOUR MEDICAL FITNESS FACILITY

- Private review of your health needs
- Personalized prescription for exercise
- Individual health coaching
- Complimentary screenings
- Free lab (twice per year)**
- Fitness reports to your healthcare provider
- Safe, effective, friendly environment

** with minimum six month membership

EXERCISE FOR:

- Diabetes
- High Blood Pressure
- Obesity
- Heart Disease
- Cholesterol
- Cancer and more

**ALL MEDFIT PROGRAMS REQUIRE
A written approval to exercise
from a Healthcare Provider.**



9950 Calumet Avenue | Munster, IN 46321
219-924-5348
www.fitnesspointe.org



THE PERFECT PRESCRIPTION
FOR PERSONALIZED
**HEALTH
FITNESS &
WELLNESS**



WHY MEDFIT?

Exercise has been shown to improve medical outcomes in patients with chronic diseases like diabetes, hypertension, heart disease and obesity. The Medical Fitness Professionals at Fitness Pointe can work with the guidelines provided by your physician/healthcare provider to help you become a healthier, fitter, YOU!

JOINING MEDFIT IS AS EASY AS 1,2,3....

1. Have your physician complete the approval for exercise, (included on back panel) listing any recommendations and/or restrictions.
2. Call 219-924-5348 to set up a FREE consultation.
3. Enjoy your FREE personal MedFit consultation and program set up with your MedFit Professional who will help design the BEST program for YOU!



WHAT IS MEDFIT?

A MedFit membership offers the BEST, evidence-based program for individuals with medical needs. The program does not require any enrollment fees and is only \$48 monthly fee* (no contracts)

- Individualized program orientation/set up
- Baseline biometric measurements
- Individualized physical activity & exercise plan
- FREE Labs (twice per year)**
Lipid Profile and A1C
- Summary Report provided to you and your physician

MEDFIT HOURS OF OPERATION

Monday - Friday:

6:30 am - 8:30 pm

Saturday & Sunday: 6:30 am - Noon

NO ENROLLMENT FEE

30 Day Written Notice to Cancel

* *recurring monthly charge*

** *with minimum six month membership*



PHYSICIAN APPROVAL FOR EXERCISE

Date:

Patient Name:

Please print

Patient DOB:

Healthcare Provider's Name:

Please print

Healthcare Provider's Signature:

THE ABOVE NAMED PATIENT IS APPROVED FOR THE FOLLOWING TYPES OF EXERCISES:

Type Of Approved Exercise

Mark all that apply

Cardiovascular _____

Muscle strengthening _____

Flexibility & Balance _____

Please list any restrictions here:



9950 Calumet Avenue • Munster, IN 46321

219-924-5348

www.fitnesspointe.org