OSF
SAINT FRANCIS
MEDICAL CENTER

OSF Saint Francis RiverPlex
Wellness Services
600 NE Water Street
Peoria, IL 61602
Phone (309) 282-1600
Fax (309) 282-1609

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, Multiple 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 _____