



Carolinan HealthCare System

Medical Referral Program

CMC Health Centers & The YMCA of Greater Charlotte

Patient Name

Date of Birth

Phone

Pertinent Medical History

Details/Other:

EXERCISE ORDERS:

____ I approve my patient's participation in an exercise program without restrictions.

____ I approve my patient's participation in an exercise program with the following exercise restrictions:

REFERRAL:

Practice Name

Referring Physician (Print)

Signature

Address City/State/Zip

Phone Fax

Please circle preferred YMCA location below.

Central

Dowd YMCA - 400 E, Morehead Street

Johnston YMCA - 3025 N. Davidson St.

South/Southeast

Harris YMCA - 5900 Quail Hollow Road

Siskey YMCA - 3127 Weddington Road

Morrison YMCA - 9405 Bryant Farms Road

Northwest

McCrorey YMCA - 3801 Beatties Ford Road

Stratford Richardson YMCA - 1946 West Boulevard

North/Northeast/Cornelius

University City YMCA - 8100 Mallard Creek Road

Lake Norman YMCA - 21300 Davidson Street

Simmons YMCA - 6824 Democracy Drive

Lowes YMCA - 170 Joe V. Knox Avenue

For questions or additional supplies, call (704) 512-3820. Fax completed form to (704) 512-3825 or email completed form to communitywellness@carolinashealthcare.org.