



Patient Name _____
 Date of Birth _____
 Phone Number _____
 Please Fill in or Affix a Patient Label

THRIVE Program Referral

Phone: (828) 266-1060 Fax: (828) 386-2049
 ARHS THRIVE Program | Paul Broyhill Wellness Center
 232 Boone Heights Drive | Boone, NC 28607

PATIENT FIRST NAME:	MIDDLE:	LAST:
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DOB:	PATIENT PHONE #:
REFERRAL DATE:	REFERRING PHYSICIAN PHONE #:	REFERRING PHYSICIAN FAX #:

Clinical Cohort (Medically Supervised by RN)

- Heart Failure, EF > 35%, NYHA Class I
- 12 months post Myocardial Infarction or the completion of Cardiac Rehab
- History of Arrhythmia
- Cardiomyopathy
- Diabetes Mellitus
- Mild COPD/Asthma (Patient does not qualify for pulmonary rehab)
- Oncology Diagnosis

Weight Loss Cohort (No Medical Supervision by RN)

- Obesity, BMI \geq 30
- Pre diabetes, BMI \geq 25 with Hemoglobin A1C 5.7-6.4, fasting glucose of 100 to 125 mg/dl, clinically diagnosed Gestational Diabetes Mellitus during a previous pregnancy, or plasma glucose measured two hours after a 75gm glucose load of 140 to 199 mg/dl.

Diagnosis / History: _____

Limitations / Precautions:

I understand that this program is designed and executed by a multidisciplinary team of healthcare professionals from Watauga Medical Center including, Employee Assistance, Behavioral Health, Certified Diabetes Educators, Registered Dietitians, Exercise Specialist, Registered Nurses, and Social Workers. The program will take place at the Paul H. Broyhill Wellness Center under exercise guidelines from the American College of Sports Medicine, diabetes education from the American Diabetes Association, and nutrition counseling from the American Dietetic Association.

Referring Provider (Print): _____

Referring Provider (Signature): _____ Date: _____ Time: _____