



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MOVE WELL TODAY

Diabetes & Prediabetes Exercise Program

Start Date: January 15th 2019

WHEN: Tuesdays & Thursdays @ 11:45 am-1:00 pm & 5:30-6:45 pm

WHERE: YMCA Healthy Living Center at North River

4138 Hixson Pike Chattanooga, TN 37415

COST: \$200 Members / \$300 Non-Members

TO JOIN: Begin this program with a referral from your physician.

Referrals can be faxed to 423.777.4095 or brought to the YMCA Healthy Living Center at North River.

FEATURES OF THIS PROGRAM:

- Use of YMCA facilities (\$153 value)
- 12 weeks of personal training (\$1080 value)
- Group support

For more information, contact:

Megan Vermeer

YMCA OF METROPOLITAN CHATTANOOGA

4138 Hixson Pike Chattanooga, TN 37415

423.877.3517 FAX: 423.777.4095

mvermeer@ymcachattanooga.org

ymcachattanooga.org

ymca.net/diabetes-prevention

YMCA OF METROPOLITAN CHATTANOOGA

WHAT IS IT?

Move Well Today is an evidence-based FITNESS INTERVENTION designed to help you manage your diabetes and track changes in your glucose levels and fitness parameters.

Each CIRCUIT CLASS will include: warm-up, 2 cardio conditioning stations, 2 strength training stations, group core conditioning, flexibility training, and cool-down.

A CERTIFIED INSTRUCTOR will provide group instruction, supervision, and motivation.



MoveWell
TODAY®
Diabetes Exercise Program

Healthcare Provider Referral and Consent

The Diabetes Exercise Program is an evidence-based program designed to reduce risk factors related to diabetes and to assist in the management of diabetes through aerobic and resistance training exercise. Classes are held two times per week for 75 minutes in addition to one independent exercise session. A nationally certified exercise specialist teaches the classes.

Participant's name _____ DOB _____

Telephone _____ (Cell) _____

Insurance _____

Program site _____ Program start date _____

The following to be completed by the physician and is required for exercise clearance.

Previous HbA1c lab results _____ Date _____

Preexercise HbA1a lab Date ordered _____ Results _____
(must be within thirty days of starting the program)

Post-12-week HbA1c lab Date ordered _____ Results _____
(must be in the final week or not more than one week after the program ends)

Please list the upper glucose level allowable for the participant to exercise _____

Exercise precautions or conditions:

Orthopedic _____

Cardiovascular _____

Respiratory _____

Neurological _____

Other _____

With these restrictions, the above-named enrollee is medically cleared to participate in the MoveWell Today® Diabetes Exercise Program designed for clients with prediabetes or diabetes.

Primary care provider (print name): _____

Signature: _____ Date: _____