the YMCA

CORE HEALTH PARTNERS
BRINGING THE CLINIC TO THE COMMUNITY
NPI: 1649815200

ROCK STEADY BOXING

75% of participants demonstrated improvement in the areas of balance, gait speed, transitional movement, and safe functional mobility.

ROCK STEADY BOXING APPLICATION

A pathway to Parkinsons Wellness

- Occupational Therapy
- Physical Therapy
- Speech Therapy
- SMARTfit Parkinson's Rehab

Cost of THERAPY SERVICES at the YMCA of Collier County are typically covered by Medicaid and all other insurances. A preauthorization of insurance coverage will be implemented FREE of CHARGE when the referrals order section is signed by the physician.

NPI: 1649815200

PHYSICIAN MEDICAL RELEASE

Form to be completed by your primary care provider

Doctor's Name: _____ **Date:** _____

Clinic Name: _____

Clinic Phone: _____ **NPI:** _____

Patient Name: _____

Address: _____

Phone: _____ **Email:** _____

Your patient, _____, DOB _____/_____/_____ wishes to participate in the Pathway to wellness Parkinson's program, that includes therapy and Rock Steady Boxing (NON-CONTACT) as an exercise program for people with Parkinson's disease. Our goal is to help your patient have a better quality of life through fitness, therapy, and socialization. The activities may involve cardiovascular training (jumping rope, walking/running, punching heavy bags), flexibility instruction (stretching, getting up and down on the floor), resistance training and core strengthening techniques. Safety and modifications for various levels of fitness and disease progression are considered.

PHYSICIAN'S RECOMMENDATION

☐ I am not aware of any restrictions to participate in these pathway programs (Rock Steady Boxing).

☐ I believe the patient can participate but would urge caution (please explain):

_____

☐ Patient should not engage in the following activities:

_____

If your patient is taking medications that will affect their heart rate response to exercise, please indicate the manner of the effect (raises, lowers, or has no effect on heart rate response during exercise:

Type of medication _____ Effect _____

Type of medication _____ Effect _____

PHYSICIAN COMPLETES

_____ (patient's name) has been diagnosed with Parkinson's has my approval to begin the Rock Steady Boxing exercise program with the recommendations or restrictions stated above.

I understand a licensed medical provider is conveniently located at the YMCA and therapy services may be covered by Medicare and private insurance. I am additionally Referring for:

☐ **Physical Therapy** ☐ **Occupational Therapy** ☐ **Speech Therapy**

RETURN TO YMCA OF COLLIER COUNTY:

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