

PHASE 4 MAINTENANCE EXERCISE PROGRAM

**Welcome!!**

We would like to welcome you to Medical Center of Lewisville's Cardiac Rehabilitation Department. You will be joining our maintenance exercise program which will allow you to exercise in familiar, safe surroundings in a self-directed program with staff available for problems and questions. If you are new to the facility here in cardiac rehabilitation you will be asked to schedule and attend an orientation session prior to beginning your exercise program. Attached, you will find several forms that will need to be completed and returned when you attend orientation. Permission from your physician must be obtained prior to beginning your exercise program.

Hours of Operation are:  
Monday, Wednesday & Friday: 6:45 a.m. –Noon; 1:00 p.m. - 3:30 p.m.

Monthly Fee: \$27.00  
Orientation Fee: \$25.00

Monthly payments are expected the 1<sup>st</sup> of each month in full. We are not able to prorate payments for missed sessions. Please inform us if you require a receipt when payment is made.

Following are some guidelines to be aware of:

- ◆ Please follow safety techniques shown to you in orientation
- ◆ Monitored Phase II patients have priority on all equipment. Please be aware, if a piece of equipment is needed by a monitored phase II patient, we will ask for someone to move to another piece of equipment.
- ◆ Please limit your time on bikes, treadmills and NuStep to no more than 15 minutes each.
- ◆ Keep a daily exercise record sheet, record pre and post blood pressures, heart rate, weight, and exercise routine.
- ◆ Notify the staff immediately of any unusual symptoms during exercise.
- ◆ Usage of gym is only allowed during the posted open hours.

Thank you very much for joining our maintenance program. We look forward to working with you and helping you to achieve your goals.

I, the undersigned, understand and will follow the above guidelines. If I do not follow the stated guidelines, I understand I will not be able to continue exercising in the gym.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Medical Center of Lewisville  
Cardiac Rehabilitation  
972-420-1526 Phone  
972-219-7506 Fax

EXERCISE PROGRAM CONSENT AND RELEASE STATEMENT

I, \_\_\_\_\_, desire to engage voluntarily in the Phase IV Maintenance Exercise program in the Cardiac Rehabilitation Department at Medical Center of Lewisville.

I understand that I am fully responsible for safe operation of equipment and if I have questions regarding equipment or equipment usage, I will ask the Cardiac Rehabilitation staff.

I understand that the hours of operation are MWF 6:45 a.m. – 12:00 noon and 1:00 p.m. – 3:30 p.m. and that I must check IN and OUT with the Cardiac Rehabilitation staff each time I use the facilities.

I understand and I am fully comfortable with self-monitoring techniques and will incorporate safe exercise techniques each time I am in the building.

I understand that patients in the monitored cardiac rehabilitation program have priority of equipment.

I have been informed that I will obtain a physician’s release and recommendation/restriction of what exercise I should avoid and to what extent I should participate in other exercises before entering this fitness facility.

I hereby release and discharge Medical Center of Lewisville, its staff and others connected therewith, from all claims for damages whatsoever that the undersigned or his representatives have or may have against the hospital or any of them by reason of any cause rising out of or incident to the aforementioned fitness facility.

I have been informed that there is a picture bulletin board where all participants’ photos are displayed with first names for easier identification of participant.

I have read and I understand that above paragraphs. I have had an opportunity to ask all questions that have occurred to me and all have been answered to satisfaction. My signature below indicates I hereby consent to these terms as a condition to participant in the Phase IV Maintenance Exercise program

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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## Release of Confidentiality

I, \_\_\_\_\_, by signing this form, am giving permission for my exercise flow sheet, which has my name, both first and last, to be out on the maintenance exercise group table in the gym while the facility is open. I also am giving my permission to have my name, both first and last, to appear on an attendance list that will be at the staff workstation while the facility is open.

I understand that anyone will have access to my personal information in my absence from the gym. Neither I, nor my family, will hold the Cardiac Rehabilitation staff, any employee of Medical Center of Lewisville, or the Medical Center of Lewisville Hospital responsible for any consequences that may arise out of this action.

_____	_____
(Printed Name)	Date
_____	_____
(Signature)	Date
_____	_____
(Witness)	Date

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