



## What is the Path to Wellness program?

The Path to Wellness Program is a joint effort between Atrium Health and Rowan-Cabarrus YMCA to improve the health of our community. The 6-week lifestyle management program is designed to provide guidance, encouragement and education to help participants achieve a healthier lifestyle. It helps those living with a medical condition, recovering from surgery or an injury, or seeking a healthier lifestyle.

In addition to an overall better quality of life, your results may include:

- Healthy lifestyle habits
- Improved chronic health conditions
- Weight management
- Enhanced strength, flexibility and cardiac conditioning
- Increased energy and stamina

## The Path to Wellness program includes:

- One-on-one guidance with YMCA fitness personnel to set up a safe, effective fitness program
- Initial health coaching session and weekly sessions with your wellness nurse or registered dietitian
- Education and tips to develop healthier eating and lifestyle habits
- Access to all 3 Cannon YMCA branches

## How do I join?

You can join the program by asking your healthcare provider to complete and sign the referral form on the back of this flyer. The Path to Wellness program is open to ages 18 years old and older at all fitness levels.

## Program fees

The cost to join the program is \$50. Participants are under no obligation to join the YMCA once the program ends. If you decide to join the YMCA after completion of the 6-week program, the YMCA joining fee will be waived. Financial assistance is available to those who qualify.

### Program offered at:

#### Cannon YMCA - West Cabarrus Wellness Center

5325 Langford Ave. | Concord, NC 28027  
704-403-3050

#### Cannon YMCA - Harrisburg Wellness Center

4100 Main St., Suite 200 | Harrisburg, NC 28075  
704-403-3050

#### Cannon YMCA - Kannapolis Wellness Center

101 YMCA Drive | Kannapolis, NC 28081  
704-403-3050

# Path to Wellness Provider Referral Form

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Patient Name

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Date of Birth

Phone

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Relevant Medical History

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If Atrium Health Patient, Medical Record Number (MRN)

## Please check specific goals for this patient:

- |  |  |
|--|--|
| <input type="checkbox"/> Decrease body fat                   | <input type="checkbox"/> Post heart attack                             |
| <input type="checkbox"/> Improve cardiovascular fitness      | <input type="checkbox"/> Post rehabilitation/surgery                   |
| <input type="checkbox"/> Improve flexibility                 | <input type="checkbox"/> Reduce chronic pain                           |
| <input type="checkbox"/> Improve nutrition and eating habits | <input type="checkbox"/> Reduce stress                                 |
| <input type="checkbox"/> Improve strength/muscle tone        | <input type="checkbox"/> Relieve arthritis/osteoarthritis/fibromyalgia |
| <input type="checkbox"/> Lower blood pressure                | <input type="checkbox"/> Stop smoking                                  |
| <input type="checkbox"/> Manage diabetes                     | <input type="checkbox"/> Other (please describe): _____                |
| <input type="checkbox"/> Manage weight                       | _____  |

## 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 restrictions:

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Practice Name

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Referring Provider (print name)

Signature

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Street Address

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City

State

ZIP

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Phone

Fax

Please email signed referral form to [CommunityWellness@AtriumHealth.org](mailto:CommunityWellness@AtriumHealth.org)  
If unable to email, please fax form to 704-782-8023.