



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## LIVESTRONG® at the YMCA Referral Form

LIVESTRONG® at the YMCA is a 12-week physical activity and well-being program designed to help adult cancer survivors achieve their holistic health goals. The research-based program offers post-treatment (up to five years) patients a safe, supportive environment focused on strengthening the whole person. The course includes two classes per week, each lasting 90 minutes (including rest and reflection time, not consistent physical activity). At the start of the program, your patient will participate in a fitness assessment by YMCA staff including a six-minute walk test, one-repetition max test for upper and lower body, and a balance and flexibility test. By completing the form below, you are not assuming any responsibility for the Y's administration of the exercise program. If you know of any medical or other reasons why the applicant should not participate in LIVESTRONG® at the YMCA program, please indicate on this form.

**PLEASE PRINT APPLICANT INFORMATION BELOW** (to be completed by participant or physician)

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **DOB** \_\_\_/\_\_\_/\_\_\_ **Male Female**  
(Circle one)

**Street Address:** \_\_\_\_\_ **YMCA Branch Preference:** \_\_\_\_\_  
(Include Apt. #)

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Type of Cancer Diagnosed:** \_\_\_\_\_ **Date of Diagnosis:** \_\_\_\_\_

**When was your last treatment?** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_

**To be completed by physician** (please select one):

- I believe the applicant has completed treatment and will be able to participate and complete the program at this time. I know no reason why the applicant may not participate. (Please list any limitations below\*)
- I believe the applicant has completed treatment and can participate but may have limitations or may miss classes due to (circle one):  
1. Severity of disease    2. Co-morbidities (Please list below\*)
- I believe the applicant should defer this program until completion of therapy.
- I recommend that the applicant NOT participate in the program.

\*The applicant should not engage in the following activities, please be specific (use additional paper if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **Physician Contact #:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Fax:** \_\_\_\_\_ **Physician Email:** \_\_\_\_\_

**YMCA OF NORTHWEST NORTH CAROLINA**

[www.ymcanwnc.org/livestrongattheymca](http://www.ymcanwnc.org/livestrongattheymca)

A United Way Agency. Our Mission: "Helping people reach their God-given potential in spirit, mind and body."



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## **LIVESTRONG® at the YMCA Participating Branches**

If you have additional questions about LIVESTRONG® at the YMCA, the following is contact information for each participating branch. To complete the referral process, fax the form to the branch number listed below, email a scanned copy or drop it off at the branch location where you would like to participate. Once selected, you will be contacted by the branch Wellness Director.

### **Davie Family YMCA**

215 Cemetery St.  
Mocksville, NC 27028  
Joy McAlister, Livestrong Coordinator  
j.mcalister@ymcanwnc.org  
p 336 751 9622 f 336 751 9420

### **Fulton Family YMCA**

385 West Hanes Mill Rd.  
Winston-Salem, NC 27105  
Corey Beers, Wellness Director  
c.beers@ymcanwnc.org  
p 336 661 1093 f 336 661 2078

### **Jerry Long Family YMCA**

1150 S. Peace Haven Rd.  
Clemmons, NC 27012  
Adam Cardwell, Sr. Wellness Director  
a.cardwell@ymcanwnc.org  
p 336 712 2000 f 336 712 2005

### **Kernersville Family YMCA**

1113 West Mountain St.  
Kernersville, NC 27284  
Angela Tate, Active Older Adults  
a.tate@ymcanwnc.org  
p 336 996 2231 f 336 996 8605

### **Robinhood Road Family YMCA**

3474 Robinhood Rd.  
Winston-Salem, NC 27106  
Mike Farrell, Wellness Director  
m.farrell@ymcanwnc.org  
p 336 251 1090 f 336 251 1082

### **Statesville Family YMCA**

828 Wesley Dr.  
Statesville, NC 28677  
Deb Schneble, Livestrong Coordinator  
d.schneble@ymcanwnc.org  
p 704 873 9622 x 213 f 704 871 9160

### **Stokes Family YMCA**

105 Moore Rd.  
King, NC 27021  
Tiffany Boyles, Wellness Director  
t.boyles@ymcanwnc.org  
p 336 985 9622 f 336 985 3976

### **Wilkes Family YMCA**

1801 YMCA Blvd.  
Wilkesboro, NC 28697  
Heather Barnes, Wellness Director  
h.barnes@ymcanwnc.org  
p 336 838 3991 f 336 838 0979

### **William G. White, Jr. Family YMCA**

775 West End Blvd.  
Winston-Salem, NC 27101  
Kristina Mauk, Wellness Engagement Coordinator  
k.mauk@ymcanwnc.org  
p 336 721 2100 f 336 721 2106

### **Winston Lake Family YMCA**

901 Waterworks Rd.  
Winston-Salem, NC 27101  
Crystal Webley, Assoc Engagement Director - Wellness  
c.webley@ymcanwnc.org  
p 336 724 9205 f 336 724 7754

### **Yadkin Family YMCA**

6540 Service Rd.  
Yadkinville, NC 27055  
Amanda Hurley, Wellness Director  
[a.hurley@ymcanwnc.org](mailto:a.hurley@ymcanwnc.org)  
p 336 679 7962 f 336 679 7983

### **Alexander County Family YMCA**

250 Black Oak Ridge Road  
Taylorsville, NC 28681  
Christy Harrington, Branch Program Director  
c.harrington@ymcanwnc.org  
p 828 632 9699 f 828 635 1016

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**Visit [ymcanwnc.org/livestrongattheymca](http://ymcanwnc.org/livestrongattheymca) to view upcoming program sessions and times.**