WELLNESS CENTER
at the United Presbyterian Home

PHYSICIAN RELEASE FORM

To: Dr. _____

From: _____

The United Presbyterian Home encourages residents/non-residents to improve their fitness levels by engaging in exercise classes, strength training and cardiovascular exercise. These exercise programs will be led by trained personnel and will continue through your patient's desired time.

You may or may not have completed this form in the past for your patient, but we need continual updating of our records. It is our intent to be aware of the changing medical history of our clients and how it affects their fitness plans. We will require that a new physician release form be filed yearly. The resident/non-resident will also be required to update their Health and Fitness Activity History and Release Form.

Your patient _____ has indicated an interest in participating in the following United Presbyterian Home Wellness Center Programs. For him/ her to do so, please fill out the enclosed form that he/she will return to us.

Class	Level
❑ Merry Muscle Makers	Advanced
❑ Bodies in Motion	Basic
❑ Men's Fitness League	Advanced
❑ Tai Chi	Basic
❑ Yoga	Basic/Must be able to get down to floor and up
❑ Tuesday/Thursday Trotters	Advanced
❑ Mind Exercises	Cognitive
❑ Pool Programming	Variety of Levels
❑ Individual Workout (Explanation of fitness plan)	_____
	_____
	_____
	_____

Thank you for your cooperation.

RELEASE OF INFORMATION BY PATIENT

(For patient to complete)

Print Name _____

I give permission to Dr. _____ to complete this Physician Information Form.

_____ _____

Your signature Date

PHYSICIAN RELEASE FORM

(To be completed by your doctor)

Patient's Name: _____

Medical history (if any) to be aware of:_____
_____
_____

Please indicate if there are any special precautions or reasons why this patient should avoid or limit his/her participation in the an exercise program:_____
_____
_____
_____

If the exercise program the patient wishes to participate in is not appropriate for their fitness level, can you recommend a program more suitable for them at this time?_____
_____
_____
_____

_____ _____

Signature of Physician Date

_____ _____

Physician's name printed Physician's phone number

_____ _____

Physician's address Physician's fax number