



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 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.

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 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:

5450 YMCA Road, Naples, FL 34109 | 239.394.9622 | healthyliving@ymcacollier.org