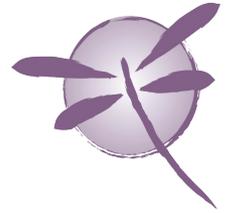


MEDICAL CONSENT FORM



Eastern Suburbs **Physio Fit** is owned and operated by physiotherapist Kim Gerber. Classes are suitable for most low risk senior clients. Your patient has expressed an interest in attending these classes.

Class objectives include:

- maintain independent living
- exercise safely including functional movements for daily living
- improve or maintain posture, balance, strength and flexibility
- maintain healthy bone density
- provide a social network.

Some classes include low-impact aerobic conditioning and resistance work.

In order to provide the safest possible sessions for your client, I need to be aware of any medical or physical conditions which may limit your client’s ability to participate in any of the activities, or which might require special attention during the sessions.

With your client's permission please supply the following information:

Does your client suffer from any joint or muscle condition which may limit their ability to exercise? If YES please describe:	YES NO
Does your client suffer from any medical or neurological conditions which may limit their physical capacity? If YES please describe:	YES NO
Has your client has surgery or been hospitalised for any condition recently? If YES please describe:	YES NO
Please list all prescribed and non-prescription medications your client is taking:	

I know no reason why my patient should not participate in a supervised exercise programme

I believe my patient could participate, but I urge caution because of:.....

RELEASE OF MEDICAL INFORMATION:

I authorize the release of this medical information to Kim Gerber, Eastern Suburbs Physio Fit, 163 Robey St. Maroubra, 2035.

Client’s name (please print):.....

Client’s signature:.....

Date:.....

Doctor’s name (please print):.....

Practice Address:

Doctor’s Signature:.....

Date:.....