

Physician Consent Form

Dear Dr. _____:
Your patient _____ would like to begin an exercise program at _____ (name of health or fitness facility).
After reviewing _____'s (patient's name) responses to our health status questionnaire, we would appreciate your medical opinion and recommendations concerning participation in regular exercise. Please provide the following information and return this form to your patient or have your assistant contact me for my mailing address.

1. Are there specific concerns or conditions our staff should be aware of before this individual engages in regular exercise at our facility? Yes/No.
If yes, please specify.

2. If this individual has completed a graded exercise test, please provide the following:

- a. Date of test _____
- b. A copy of the final exercise test report and interpretation
- c. Your specific recommendations for exercise training, including heart rate limits during exercise: _____

3. Please provide the following information so that we may contact you if we have any further questions:

____ I AGREE to the participation of this individual in regular exercise activity at your fitness facility.

____ I DO NOT AGREE that this individual is a candidate for exercise at your fitness facility, and this individual should be referred to a supervised exercise facility because _____.

Physician's signature _____

Physician's name _____

Address _____

Thank you for your consideration.

Chris Johnson M.S. | CSCS | RSCC | PES | CES | SET | USATF | RRCA

ContactChris@ImproveWithChris.com

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