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# L I V E S T R O N G <sup>™</sup> *at the* YMCA

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## **PHYSICIAN CONSENT FORM**

Dear Health Care Provider:

One of your patients, \_\_\_\_\_, would like to participate in the **LIVESTRONG at the YMCA** program at the YMCA of the Northwoods.

This is a program designed for adult cancer survivors who have recently become de-conditioned or chronically fatigued from their treatment and/or disease. The program includes cardiovascular conditioning, strength training, balance and flexibility activities. A specific, individualized exercise program will be created for the participant based on needs, interests, and any recommendations from the participant's health care provider.

This 12 week course includes 2 sessions per week, with each session lasting an hour and fifteen minutes. We would like each participant to attend at least 80% of the classes.

By completing the form below, you are not assuming any responsibility for our administration of the exercise program. If you know of any medical or other reasons why participation in the **LIVESTRONG at the YMCA** program by the applicant would be unwise, please indicate so on this form.

If you have any questions about the **LIVESTRONG at the YMCA program**, please contact Katie Simonsen at 715-362-9622.

### Report of Physician

- I believe the participant will be able to participate and complete this course at this time. I know of no reason why the applicant may not participate.
- I believe the participant can participate but may have limitations or may miss classes due to: 1) severity of disease 2) co-morbidities.
- I believe the applicant should defer this course until completion of therapy.
- The applicant should not engage in the following activities:
  
- I recommend that the applicant NOT participate in the program.

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank you very much for taking time to fill out this form. You may return it to the following:

Via FAX: (715)362.9623

Via Mail: 2003 WINNEBAGO ST E, RHINELANDER WI, 54501 (Attention Marilyn Duschl, LIVESTRONG)