

Physician Referral Form and Activity Readiness Recommendation

Dear Doctor:

Some of our clients require a Physician's consent prior to participating in our functional fitness training sessions/programs/workshops offered at our Wellosophy360 Studio.

Your patient is interested in participating in one of our fitness training sessions /programs/workshops. We anticipate that your patient will undergo bodywork designed to progressively improve their flexibility, balance, coordination, strength, and increase their range of motion by utilizing gentle, no-impact stretching exercise routines.

As part of the registration process, your client has answered "yes" to one or more of our Health History questions, or has had a C-section within the past 6 weeks, and requires medical clearance in order to participate.

Please identify any recommendations or restrictions for your patient's fitness program below:

Based upon a current review of the health status of:

Patient's Name: _____

I recommend:

1. Avoidance of:

2. Physical Activity should start slowly and build up gradually: Yes / No

3. Unrestricted physical activity can begin (date) _____

Additional comments:

Physician's signature: _____

Date: _____