West Morris Area YMCA Parkinson's Program Physician Clearance Form

TO BE COMPLETED BY YOUR PRIMARY CARE PROVIDER

Today's Date: ___/___/___ Patient's Name _____

Patient's DOB: ___/___/___ Date of Parkinson's Diagnosis ___/___/___

Your patient wishes to participate in the **Rock Steady Boxing** (NON-CONTACT) exercise program. The activity will involve cardiovascular training (jumping rope, running, punching heavy bags), flexibility instruction (stretching, getting up & down on the floor), resistance training, and core strengthening techniques. Participants can attend up to 3 classes per week that are 60 minutes in duration. Participants can reach up to 90 percent of their maximum heart rate.

PHYSICIAN'S RECOMMENDATION

☐ I am not aware of any restrictions on participating in this exercise program.

☐ I believe the patient can participate, but would urge caution (please explain): _____

_____

☐ My patient should not engage in the following activities: _____

_____

Your patient wishes to participate in **Fight Back UH20** aquatic exercise program. The aquatic exercise program may include shallow water exercise, core strength, balance and agility, lower and upper body extremity strength, plyometrics, flexibility, stretching & relaxation.

PHYSICIAN'S RECOMMENDATION

☐ I am not aware of any restrictions on participating in this exercise program.

☐ I believe the patient can participate, but would urge caution (please explain): _____

_____

☐ My 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 _____

Type of medication _____ Effect _____

PHYSICIAN COMPLETES

_____ (Patient's Name) has my approval to begin the Parkinson's Exercise Program with the recommendations or restrictions stated above.

Printed name _____ Signature _____

RETURN TO

Carly Heller carly@wmaymca.org
West Morris Area YMCA
(F) 973.366.8025 (P) 973.366.1120