



Dr. _____

Patient Name Date of Birth

(_____) _____

Contact Number

Your patient listed above is seeking your consent to participate in the Professional Personal Training Program at Fisher-Titus Medical Center.

Components of the program are as follow:

Comprehensive fitness assessment:

- Heart Rate and Blood Pressure
- Body Composition
- Cardiorespiratory Assessment ((Rockport Walk Test or YMCA 3 Min. Step Test)
- Posture and Movement Assessment
- Performance Assessment

Personal training sessions:

- Personalized fitness program
- Assistance with progression through individualized goals

1. **Are there any specific concerns or conditions that our staff should be aware of before this individual begins participating in exercise activity? Yes or No**

If yes, please specify: _____

2. **This individual may participate in exercise activities: Yes or No**

If no, please specify _____

Physician's signature: _____ **Date** _____

Please return this form to our fax number at 419-660-2963 or send to Fisher-Titus Medical Center, Rehabilitation Dept. 272 Benedict Ave., Norwalk, Ohio 44857

Thank you with your help in getting this patient started on an exercise program!

