



Comox Community Centre – Practitioner Referral

Participants must be medically stable & able to function in a group exercise program.

CLIENT INFORMATION

Last Name: _____ First Name: _____

Date of Birth (yyyy/mm/dd): _____

Address: _____

City: _____ Postal Code: _____

Home Number: _____ Cell Number: _____

Email: _____

Family Physician: _____ Office Number: _____

EXERCISE PROGRAM REFERRAL (Completed by Practitioner) Registration is limited by availability

- Heart, Health & Breath Wellness Program
 Post Stroke Rehabilitation FAME
 PWE! Parkinson's Wellness Exercise

CLIENT MEDICAL INFORMATION (Completed by Practitioner)

Allergies? NO YES – please list: _____

Heart Disease? NO YES – please list medications & dosage: _____

COPD? NO YES – please list medications & dosage: _____

Other Medical Conditions? NO YES – please list medications & dosage: _____

Comorbidities:

- Excess Weight Diabetes or Pre-Diabetes Tobacco Use
 Home Oxygen Therapy ETOH Abnormal Lipids Levels
 Hypertension

Activity Limiting Factors or Contraindications: _____

Clients will take part in a supervised exercise program based on initial assessment. Exercise prescription will include all or some of the following: cardiovascular exercise, resistance training, balance and functional training and stretching, unless limitations are suggested above.

Referring Practitioner: _____ Practitioner Signature: _____ Date: _____

CLIENT RELEASE OF PERSONAL INFORMATION

I hereby authorize the release of my medical records to the Town of Comox - Comox Recreation Exercise programs by my practitioner or hospital.

Client's Name: _____ Client's Signature: _____ Date: _____

Fax or email client's completed form ATTENTION: Heather Bailey Town of Comox Recreation

PROGRAM INFORMATION AND REGISTRATION INFORMATION

HEART, HEALTH & BREATH WELLNESS PROGRAM

This physician referred exercise and education program is for customers with chronic conditions and is led by qualified Instructors. Improve cardiovascular endurance, balance and flexibility through functional training to improve your quality of life. Education topics may include exercise prescription, nutrition, goal setting, mindfulness, stress management, medication and more. Financial assistance may be available for those with low income. Call Heather Bailey at 250-339-2255 or email hbailey@comox.ca for more information. Forms available at the front desk or at comox.ca/recreation.

POST STROKE REHABILITATION FAME CLASS

Join a community-based Fitness and Mobility Exercise (FAME) program developed for people who have experienced a stroke and have some standing and walking ability. Led by a qualified instructor who will lead participants in exercises that will improve mobility, cardiovascular fitness, arm and hand function. A physician's note is required for all participants over 69 years of age. Participants with limited mobility must have a caregiver attend.

PWE! PARKINSON'S WELLNESS EXERCISE

PWE Will help you recover loss of function and strength from Parkinson's Disease or if you have balance and/or mobility challenges. Research-based exercises with high intensity and big movements activate muscles for daily activities. The repetition of these specific, exaggerated motions unlock muscle stiffness and restriction. You must be independently mobile and have a physician's signed approval note upon registration.



Town of Comox Recreation
Registration

ONLINE: www.comox.ca/recreation

BY PHONE: 250-339-2255

IN PERSON: 1855 Novel Avenue, Comox