Synergenix Fitness
Your Gateway To Vibrant Health

Medical Clearance to Exercise

Hi, I'm Medical Exercise Specialist Astrid Whiting. Your patient has asked me to work with them on their fitness/exercise goals. I want to ensure that I develop a safe and appropriate exercise program for your patient. Your input is important in accomplishing this. Thank you.

Doctors Name: _____

Patients Name: _____

I am the patients: GP Surgeon Psych Physio Chiro Naturopath other: _____

1. Please list the medical condition(s) your patient has

2. Please list any medication(s) your patient is taking

3. Do you give your patient clearance to exercise? **Yes** **No**

4. Please list any movements or activities that are contraindicated for your patient

5. Does your patient need to stay within a specific HR range during exercise?

6. Are there any particular exercise goals you want your patient to be working on?
ie: losing weight, strengthening heart, joint stability etc.

7. May I contact you regarding your patient if I have any questions? **Yes** **No**

Doctors Signature:

Doctor ID #: **Phone #:**