

Dear Physician,

Your patient, _____ is interested in starting a personal training program with Phoenix Physical Therapy. Our program reviews the individual's health history and creates an individualized exercise program based off of those results. The aspects of the program include the following activities:

EXERCISE PROGRAM:

Strength Training
Cardiovascular Exercise
Other _____

PHYSIOLOGICAL TESTS:

Resting Heart Rate & Blood Pressure
Body Composition
Functional Movement Screenings
Flexibility

We have reviewed the individual's HEALTH HISTORY and due to the marked risk factors, _____, we request your further evaluation and recommendations prior to exercise program development and participation in an exercise program by completing this required MEDICAL CLEARANCE. Any information that pertains to your patient's ability in an exercise program is appreciated. Thank you for your support in your patient's participation in this health-oriented exercise program.

- I am not aware of any contradiction towards participation in an exercise program.
- I believe the client may participate but I urge caution due to: (please list limitations).

- The client should not participate in the following activities: _____

- I recommend the client not participate in an exercise program.

Additional information other than what is requested is greatly appreciated. Thank you again for your recommendations and support of your patient.

Physician Name (printed) _____
Physician Name (signed) _____
Address: _____
City/State: _____

Date: _____
Phone #: _____
Zip Code: _____