

Movement Classes at Legacy Cancer Services <u>Physician Release Form</u>

Please bring completed form to first class

NAME OF PATIENT:	
DIAGNOSIS AND STAGE:	
Please specify any medical conditions that might limit this individual's participation in this movement class.	
Orthopedic problems:	
Neurological problems:	
Cardiac Status/Limitations:	
Cancer or Metastatic Disease/Limitations:	
Other:	
Please list any movements or activities this individual should avoid-for example trunk rotation etc.	
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l agree that the individual whose name appears above may participate in the Movement for Health and Fitness Class taking into consideration the above restriction MD Signature	
MD Print Name	
PHONE	
DATE	