LEGACY HEALTH | LEGACY CANCER INSTITUTE

Movement Classes at the Legacy Cancer Institute

Physician Release Form

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 (Example: trunk rotation).

_____

_____

I agree that the individual whose name appears above may participate in the Movement for Health and Fitness Class, taking into consideration the above restriction(s):

_____**MD Signature**

_____**MD Print Name**

_____**PHONE**

_____**DATE**

Questions? Contact Niani Dunner, MPH – Legacy Cancer Healing Center Coordinator
(ph) 503-413-7284 | ndunner@LHS.org | (fx) 503-413-8363
www.legeacyhealth.org/cancerclasses