



# Lifestyle Modification Program Physician Clearance Form

Park Place  
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Hamilton  
Bermuda HM10

Tel: (441) 747-7474  
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www.energizewellness.solutions

Date: \_\_\_\_\_

Dear

Your patient, \_\_\_\_\_ has expressed an interest in participating in our lifestyle modification program, which has a fitness component that includes the choices checked below:

### **Aerobics and Conditioning Classes:**

The aerobics and conditioning aerobics classes all last 20 – 60 minutes and include warm-up, aerobic, cool-down, muscular conditioning and stretching sections. Trained instructors certified in CPR lead the classes.

- Aerobics Classes** are led by an instructor and set to music. Dumbbells, barbells, bodyweight, medicine balls, TRX bands, and Xertubes may be used to increase resistance during the muscular conditioning section.
- Personal Fitness Appointments\*** Options include aerobic and weight training program development where the participant performs the program on his/her own, in a small group, or under the supervision of a certified personal trainer.
- Aerobic / Cardiovascular Exercise Program\*** The types of aerobic exercises available include outdoor walking, treadmill walking / jogging, and seated / standing elliptical training.

\* All staff members are certified in CPR. With the exception of personal and small group training, the weight training and aerobic exercise programs are generally performed without direct supervision. However, our wellness manager supervises the facility throughout the day.

In completing our Medical / Health History Questionnaire, Health-Risk Appraisal and Physical Activity Readiness Questionnaire, your patient has indicated at least one medical condition that may require special consideration. Condition(s): \_\_\_\_\_

Please assist us in providing an exercise program that will be both safe and effective. Complete the bottom half of this form and return it in the enclosed self-addressed stamped envelope. If you need any additional information, please contact me at 300-0151. Thank you for your time and assistance.

Sincerely,

*Marie Beach Johnson, M.Sc., CCC-SLP, CPT and SSC (ISSA)  
Co-owner and Certified Health Coach and Weight Management Specialist (ACE)*

Based upon a current review of health status, \_\_\_\_\_  
is considered suitable for:

- Unsupervised exercise
- Supervised programs, only
- With addition of special exercises \_\_\_\_\_
- With avoidance of \_\_\_\_\_

\_\_\_\_\_ participation is not advisable at this time.

Special concerns or additional comments (i.e., exercise heart rate recommendations, avoidance of certain types of exercises, etc.): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_