



PHYSICIAN CONSENT

Date: _____

Dear Physician: _____

Address: _____ Phone #: _____

Your patient, _____ DOB _____, has enrolled or plans to enroll in a low impact exercise program at Club G.A. - Otsego

Club G.A., Guardian Angels Wellness Center is designed to meet the needs of adults age 50 and older. The Guardian Angels Wellness Center has fitness space that includes several pieces of HUR fitness strength equipment (designed specifically for seniors using air resistance vs. stacked weights for reduced stress on vulnerable joints and connective tissue), cardiovascular equipment, and an exercise classroom offering a variety of low impact group fitness classes and other wellness programs. In addition, we have a warm water therapeutic pool (average of 88-92 degrees). All exercises will be low impact and follow the American College of Sports Medicine (ACSM) guidelines. There will be no clinical monitoring with Club G.A. participation.

Unstable or severe medical problems exclude participation. These problems include but are not limited to: unstable angina, uncompensated heart failure, uncontrolled cardiac arrhythmia, severe aortic stenosis, hypertrophic cardiomyopathy, cardiomyopathy from recent myocarditis, severe pulmonary hypertension, abdominal aortic aneurysm, recent systemic or pulmonary embolus, thrombophlebitis, and severe balance problems.

Please identify any recommendations or restrictions for your patient's exercise program below, sign and return. If you have any questions, please contact me at (763)-635-5464.

Best of Health,

Lori Resendiz
Wellness Coordinator lresendiz@ga-er.org
9200 Quantrelle Ave. NE Phone: (763)-635-5464
Otsego, MN 55330 Fax: (763) 635-5480

_____ This Patient may participate in Club G.A. exercise programs and/or therapeutic pool without restrictions.

_____ This Patient may participate in Club G.A. exercise program and/or therapeutic pool with the restrictions indicated below.

_____ I DO NOT recommend this patient participate in Club G.A. programming at this time for the reason(s) indicated below:

Comments: _____

Signature/Title: _____ Date: _____