Date: _____

Dear Dr. _____

Address: _____ Phone #:_____

Your patient, _____ (DOB_____), has enrolled or plans to enroll in a low impact exercise program at Club G.A., the Guardian Angels' Wellness Center.

The 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. 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 763-241-4434.

Best of health,

Kayla Miller, MS
Director of Wellness   kmiller@ga-er.org
350 Evans Ave. NW   Phone: (763) 241-4434
Elk River, MN 55330   Fax: (763) 241-4448

_____Applicant may participate in Club G.A. exercise program without restriction.

_____Applicant may participate in Club G.A. exercise program following restrictions below:

_____I DO NOT recommend applicant participate in Club G.A. exercise programming due to:

_____

_____

_____   _____
            Signature/Title   Date

club
GA
Guardian Angels
Wellness Center