



Patient's Name: _____

Medical Release Form

Dear Doctor:

Your patient has expressed interest in participating in the Always ActiveSM, a program designed to enhance the overall well-being for adults over the age of 60, and promote socialization by providing an array of services that include; exercise classes to increase overall strength, balance, aerobic conditioning, and flexibility. Please assist us in determining whether your patient is appropriate for participating in any of our programs below:

YES NO (Please mark one box in each row with an X) *Classes also offered in Spanish & Chinese

 ***Fall Prevention Program:** A 12-week program where participants engage in exercises for lower extremity strength, standing static & dynamic balance, gait enhancement, and sensory/vestibular stimulation.

 Strength & Flexibility: Classes include moderate intensity exercises using weights, resistance tubing, stretching, and balance exercises. Participants must be able to perform standing exercises for 60 minutes. Chairs are available for participants to use if needed. (No individual assistance- must be able to exercise independently).

 Aerobics (No Direct Supervision): Use of treadmills, recumbent and/or stationary bicycles. These exercises are likely to induce an increase in heart rate.

Patient's Name

Date

() _____

Medical Professional's Name (Please Print)

Telephone

Address

License Number

Please return this form to your patient or send via fax, or mail to the program below.

Health Promotion – Fax: 415 550-2255; Tel: 415-550-2265

30th Street Senior Center; 225 30th Street, San Francisco, CA 94131

lvillaneuva@onlok.org; www.alwaysactive.org

For Always ActiveSM Staff Use Only

NEW _____ RENEWAL _____

AASM Member # _____

Registered by: _____

PR Form Expiration: _____

Site Name: _____