



## **FITNESS CENTER SPECIAL**

**Former PT patients only!!!!**

**(Expires 10 days after discharge)**

**One-Time enrollment fee: \$20.00**

**This includes one of our therapists going over the fitness equipment with you for your safety and setting you up with an exercise program designed just for your specific goals.**

**2 Payment options:**

**-\$29.00 month to month**

**-Only \$20.00 per month with 1 Year agreement paid in full up front or taken out of your checking account electronically**

**\*\*Stop by the front desk or call 763-0603 and make your start up appointment today!**

**Tuesday @ 12:30 or Thursday @ 12:30**

**Fitness center hours:**

**Monday-Friday 7:00 A.M.-6:00 P.M.**



**PAR Q MEDICAL STATUS**

Being more active is a very safe for most people. However, some people should check with their doctor before they start becoming much more active. If you are planning to become more physically active, start by answering the seven questions below. If you are between the ages of 15 and 69, the Par-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly. Place an X in the space to the left of the question to answer "Yes". Leave blank if your answer is "No". Please ask if you have any questions. Your responses will be treated in a confidential manner.

- ( ) Has your doctor said that you have a heart condition & that you should only do physical activity recommended by a doctor?
- ( ) Do you feel pain in your chest when you do physical activity?
- ( ) In the past month, have you had chest pain when you are not doing physical activity?
- ( ) Do you lose your balance because of dizziness or do you ever lose consciousness?
- ( ) Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- ( ) Is your doctor currently prescribing drugs ( for example water pills) for your blood pressure or heart condition?
- ( ) Do you know any reason why you should not do physical activity?

If you answered YES to one or more questions, talk with your doctor BEFORE you start becoming more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the Par-Q & the questions you answered YES to. Talk to your doctor about the kinds of activities you wish to participate in & follow his/her advice.

If you answered NO honestly to all questions, you can be reasonably sure that you can:

- Start becoming more physically active-beginning slowly & building up gradually.
- Take part in a fitness appraisal-this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Even if you answer no to all questions, you should delay becoming more active:

- If you are not feeling well because of temporary illness such as cold or fever –wait until you feel better.
- If you are or may be pregnant-talk to your doctor before you start becoming more active.

Please note: If your health changes so that you answer YES to any of these questions, tell your fitness or health professional & ask whether you should change your physical activity plan.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_/\_\_/\_\_

Signature of parent or Guardian: \_\_\_\_\_



THERAPY1ONE Health & Wellness Program  
Physician Information and Clearance Form

**Note to Doctor:**

THERAPY1ONE has expanded its services and now has health & wellness programs available for people who would like to improve their health and fitness. Trained Personnel will lead the personalized programs which have been developed by Physical Therapists and other exercise specialists.

Your patient, (named above), has indicated an interest in participating in one of our programs. In order for him or her to do so, we ask that you please fill out this form, which he or she will return to us.

The program consists of low impact muscle strengthening, aerobic, and range of motion exercises. Persons with joint replacement, multiple joint involvement, or moderate to severe joint involvement may require individualized instruction by physical therapist. If your patient requires this instruction, you may want to refer him or her to physical therapy prior to participation in the program.

**Part I. For applicant to complete**

Print Name \_\_\_\_\_

I give permission to Dr. \_\_\_\_\_, to complete this physician information form.

X \_\_\_\_\_  
Patient signature

X \_\_\_\_\_  
Date

**Part II. For Physician to complete**

My patient, named above, has the following diagnosis. (If clear please indicate)

\_\_\_\_\_  
\_\_\_\_\_

Please indicate if there are any special precautions of reasons why this patient should limit his/her participation or any reason why, in your opinion, this patient should not participate in the program. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Physician signature \_\_\_\_\_

Date \_\_\_\_\_