Beach Life Wellness Institute LLC. Physician Release Form:

I give my Physician permission to release any medical information deemed relevant to my participation in an exercise program.

Patient Name and Signature: _____

Dear Physician:

Your patient would like to start an exercise program with us. Please fill out pertinent information and give it back to your patient.

Patient name: _____

Date: _____ **DOB:** _____ **Age:** _____

Note: Individual exercise programs are designed in keeping with any limitations noted by the physician and make into consideration medical history, exercise history, fitness level, age, available resources/equipment, climate and goals. We will customize a very safe and gentle workout program keeping in mind the needs, goals and limitations of our client. We encourage our clients to sensibly work toward regular exercise/activity that will promote comprehensive fitness for a healthier and more enjoyable life.

Areas of focus may include:

1)	Aerobic cardio endurance:	**Yes – No**	minimal – very light - light – moderate
2)	Muscle strength	**Yes – No**	minimal - very light - light – moderate
3)	Muscle endurance	**Yes – No**	minimal - very light - light – moderate
4)	Range of motion / Flexibility	**Yes – No**	minimal - very light - light – moderate

1) YES - NO Patient has my permission to engage in an exercise program without restriction, assuming the program is appropriate for his/her age and fitness level

2) YES - NO Patient has my permission to engage in an exercise program with the following precautions, restrictions, conditions or limitations:

_____

_____

_____

_____

Note: if you need more space to write please do it on the back of this form, you can also attached any necessary information.

*** YES - NO** Patient is taking medications that will affect his/her heart response to exercise:

Type of medication: _____

***Please check what applies:** ___Raises heart rate ___Lowers heart rate ___Does not affect heart rate

Physician's name (please print): _____

Physician's signature: _____ **Phone:** _____