



Physician Information

Lakeshore Foundation is dedicated to providing fitness and recreation opportunities to individuals with physical disabilities to assist them in living active, healthy lifestyles. In order to provide the most comprehensive fitness plan for each individual we request that a medical professional complete this form so that the staff at Lakeshore is aware of any goals, contraindications or recommendations you may have.

Individuals are not permitted to pursue an exercise program at Lakeshore Foundation until we receive this completed form from your office.

If you have any questions, please contact us at (205) 313-7400.

MD: _____ DX. _____

Patient Name: _____

Patient Phone #: _____

DOB (MM/DD/YYYY) _____

I, _____ wish to begin or continue an exercise program at Lakeshore Foundation. **Please complete the following:**

Please list below any physical limitations or restrictions that might assist my instructors in designing an exercise program specific to my needs.

I recommend that my patient become a participant in an exercise program with no restrictions

I recommend that my patient become a participant in an exercise program **but urge caution** due to the following limitations / restrictions.

I **do not** recommend that my patient participate in an exercise program.

Except as stated above, I am not aware of any consideration, which under ordinary circumstances would interfere with this patient performing moderate level physical activity. He/she may exercise at his/her own risk.

Physician Signature M.D. _____ Office Telephone Number _____ Date (MM/DD/YYYY)