

University of the District of Columbia
CAUSES - Institute of Gerontology
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BODYWISE PHYSICIAN RELEASE FORM

Patient's Name _____ Date: _____

Address: _____

WDC/ZIP _____ Phone # _____ email _____

Are you a new member to Bodywise? _____

Site: _____ Class: Water ____ Land ____ Chair ____ Yoga ____

ALLERGIES: _____

1. What is the patient's normal:

A. Blood Pressure: _____

B. Resting Heart Rate: _____

2. Does the patient have a history of any of the following medical problems? Please indicate the name of the medication the patient is presently taking.

A. Heart ☐ Yes ☐ No Medication _____

B. High Blood Pressure ☐ Yes ☐ No Medication _____

C. Diabetes ☐ Yes ☐ No Medication _____

3. Is the patient currently being treated for the following?

A. Stroke ____ Yes ____ No Medication _____

B. Heart Attack ____ Yes ____ No Medication _____

C. Lung Disease ____ Yes ____ No Medication _____

D. Kidney Disease ____ Yes ____ No Medication _____

E. Diabetes ____ Yes ____ No Medication _____

4. Are there any other medical data, medication or abnormalities in this person's medical history that should be considered in developing an exercise program?

5. In the event of a medical emergency for the applicant, is (are) there any medication(s) that should NOT be administered? _____. If so, what?

6. Recommend specific exercise prescription (heart rate, workload, duration).

The BODYWISE Program is specifically designed and operated to promote health, wellness and fitness for persons 60 years of age or older in the District of Columbia. Some of the benefits which may be achieved include an increase in participants' cardiovascular efficiency, muscular strength, flexibility and overall life satisfaction, as well as health and preventive knowledge.

The BODYWISE Program consists of water (swimming is not required), low-impact aerobics, yoga, and chair exercise classes. The program also offers other opportunities for learning and socializing.

I certify that I have read the description of the Bodywise program and consent to the individual, whose name appears above to participate in a supervised senior exercise program, taking into consideration the above-mentioned restrictions.

M.D.: _____

Address: _____

Telephone Number: _____ Date _____