

Wellness for Women

Physician's Consent for Exercise

My patient _____ has expressed an interest in becoming a member of the **Wellness for Women** Program at the Endeavor Health Fitness & Wellness Center at NCH

The Endeavor Health Fitness & Wellness Center needs your written consent before your patient will be allowed to become a member of the **Wellness for Women** Program and participate in a goal evaluation appointment performed by a Certified Personal Trainer that includes:

- Blood Pressure and Pulse
- Movement Screening
- Body Fat Composition
- Cardiovascular & Flexibility Assessments

An individual program will be designed for your patient based on the results of the Exercise Screening Questionnaire, Goal Evaluation, and Fitness Assessment.

Please **check the box below** and return this consent form to the MedFit Team via fax at **847.618.3509** or medfitrx@nch.org

- It is in my opinion that this patient is in sufficiently good health to begin an exercise program.

Patient D.O.B. _____ **Patient Telephone No.** _____

Patient Address _____

Patient E-mail Address _____

Physician's Name (please print)

Date

Physician's Signature

Date

Endeavor Health Fitness
& Wellness Center at NCH

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