

FAME Medical Information Form

I, _____ (participant's name) consent to and authorize _____ (Doctor's Name), to release health information concerning my ability to participate in the exercise program. Authorization is not valid beyond 6 months from the date of signature. Further disclosure of release of my health information is prohibited without specific written consent of the person to whom it pertains.

Participant's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Dear Doctor: Your patient, _____, wishes to participate in the Fitness and Mobility Exercise Program (FAME) for People with Neurological Conditions. This program will include a 5 minute warm-up, 5 minute stretching component, 15 minute functional strengthening (e.g. repetitive sit-to-stand), 15 minute fitness and agility (e.g., step up stepper while holding onto support) and a 15 minute balance component (e.g., standing and reaching). The classes run two to three times a week over an 8 to 12 week period. The intensity will be gradually increased to a moderate intensity of 60% age-predicted heart rate maximum (i.e. able to still converse comfortably with little effort).

By completing this form, you are not assuming any responsibility for the exercise. However, this information will help us determine whether your patient is appropriate for the program. When completed, please fax this form to: _____.

Physician's Recommendation (please check 1 box)

- I authorize the applicant to participate in the FAME program
 - I am not aware of any contraindications toward participation in this program
 - I believe the applicant can participate, but urge caution because:

- The applicant should not engage in the following activities:

- I recommend the applicant NOT participate in the FAME program

Physician's Signature: _____ Physician's name (printed): _____

Address: _____ Date: _____

Community Center Information Form (Sample)

Assessment date: _____
 Performed by: _____

Community Exercise Program for Stroke
Participant Information Sheet

Demographics	
Name	
Address	
Postal Code	Date of Birth
Telephone (Home)	(Work)
Emergency Contact (Name)	(Telephone)

Information on Stroke		
Date of Stroke (dd/mm/yyyy)		
Post-Stroke Impairments	<input type="checkbox"/> Left Sided Weakness <input type="checkbox"/> Right Sided Weakness <input type="checkbox"/> Communication <input type="checkbox"/> Shoulder Pain	<input type="checkbox"/> Memory <input type="checkbox"/> Attention <input type="checkbox"/> Perception <input type="checkbox"/> Vision
Assistive Devices	<input type="checkbox"/> Ankle Foot Orthosis (AFO) <input type="checkbox"/> Cane	<input type="checkbox"/> Shoulder Brace/ Sling <input type="checkbox"/> Walker

Other Medical Conditions		
<input type="checkbox"/> Osteoarthritis of the...	<input type="checkbox"/> Knee <input type="checkbox"/> Ankle	<input type="checkbox"/> Hip <input type="checkbox"/> Other _____
<input type="checkbox"/> Osteoporosis		
<input type="checkbox"/> Cardiovascular Condition	<input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Heart Attack <input type="checkbox"/> Heart Surgery <input type="checkbox"/> Arrhythmia	<input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Valve Disease <input type="checkbox"/> Angina <input type="checkbox"/> Other _____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Type 1 (Insulin Dependent)	<input type="checkbox"/> Type 2 (Adult Onset)
<input type="checkbox"/> Other Conditions		

Safety - Risk of Falls		
<input type="checkbox"/> Low Risk	<input type="checkbox"/> Intermediate Risk	<input type="checkbox"/> High Risk
Increased supervision needed with the following exercise activities:		
Additional Information:		



FAME Program Participation Consent Form

FAME is a community-based, exercise program developed for individuals with stroke who have some standing and walking ability. I am knowledgeable of the program components, which include warm-up exercises, functional strengthening, balance, flexibility and agility, and cool-down activities. I understand the purpose of the FAME program and desire to improve my motor function (muscle strength, balance, mobility), cardiovascular fitness, and executive functioning as a result of participating in the FAME program. Progression of exercises is based on the discretion of the instructor and my needs as the participant. I understand that I am responsible for monitoring my own condition throughout the FAME program and should any unusual symptoms occur (pain, dizziness, nausea), I will cease my participation and inform the instructor of any symptoms, injuries or illnesses.

In the event that a medical clearance must be obtained prior to my participation in the cardiovascular test, I agree to consult and obtain written permission from my physician before commencing any component of the fitness test.

Also, I agree to assume the risks and consequences of exercising, which include pain, fatigue, falls, fractures, and potentially, severe injuries or death. In no event will the University of British Columbia or developers of the program, be liable for any tort, personal injury, medical malpractice, death, product liability, loss of profit or data, or for special, indirect, or punitive damages, however caused and regardless of the theory of liability, arising out of or related to the use or inability to use the FAME program.

By signing this consent form, I affirm that I have read this form in its entirety and that I understand the description of the FAME program components. I also affirm that my questions regarding the FAME program have been answered to my satisfaction.

Signature of Participant: _____ Date _____

Signature of Lead Instructor: _____ Date: _____