

# NEURO FIT PROGRAM

## REFERRAL FORM

### PROGRAM DESCRIPTION:

- For clients with neuro based mobility disorders (MS, PD, SCI, ABI, CVA, etc.)
- Circuit style exercise program (cardio, strength, agility, balance, postural stretching)
- 2 trained instructors: 10 participants max, evidence based
- 2 days per week for 1 hours (12-13 weeks per session)
- Financial assistance available for those who qualify
- Wheelchair accessible

### PARTICIPATION INFORMATION:

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
month / day / year)

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**CRITERIA:** Participants **MUST** answer **YES TO ALL** in order to participate in the program.

Please answer **ALL** questions

	YES	NO
Transfer independently/ Stand with assistance/ provides own assistance		
Uses toilet independently		
Able to understand English		
Able to follow verbal/written instructions		
Able to exercise in a group setting (does not require 1:1 supervision)		
Able to communicate needs effectively (verbally and non-verbally)		

*The Neuro Fit Program is offered in partnership by Vancouver Coastal Health and District of Squamish Recreation Services.*

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**This section must be completed by a General Practitioner  
Please indicate any exercise restrictions:**

Neuro Diagnosis: \_\_\_\_\_

Other Diagnosis (if applicable): \_\_\_\_\_

Mobility status (circle):

Walks Independently

Walks with an Aide

Wheelchair User

Cardio: No Restrictions / Restrictions

Balance: No Restrictions / Restrictions

ROM: No Restrictions / Restrictions

## ADDITIONAL NOTES/COMMENTS:

**This section must be SIGNED by a General Practitioner:**

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(day / month / year)

**Please fax completed Referral Form to Brennan Park Recreation Centre at 604.898.4035, or for more information, please contact Customer Service at 604.898.3604**

## FOR OFFICE USE

Suggested Program (best-fit):

- ☐ Neuro Fit
- ☐ Re-Fit
- ☐ FAME for Stroke

Date Package Received: \_\_\_\_\_