PETALUMA PEOPLE SERVICES CENTER

Medical Clearance of Personal Physician

Name of Patient_____Phone number of Patient_____

Your patient is interested in participating in a FallProof™ Balance & Mobility class.

All program participants are required to complete a health/activity questionnaire to identify any medical conditions, medications, or other physical conditions that will need to be accommodated for during the class. The assessments to be conducted are identified below. Please indicate in the space provided below whether you approve of your patient completing teach of these assessments.

Physical Parameters	**Assessments**	**Approval**
Muscular Strength	30-second Chair Stand	yes___no____
Endurance	30-second Arm Curl	yes___no____
Mobility	8-foot Up and Go	yes___no____
	30-foot Walking Speed	yes___no____
Balance	Fullerton Advance Balance Scale	
	Or	yes___no____
	Berg Balance Scale	

Fallproof™ Balance & Mobility Program: The individualized or group classes meet twice weekly for approximately one hour. Balance-specific exercises will be presented that are designed to improve your patient's ability to utilize and integrate various sensory inputs, control the center of gravity in seated, standing and/or walking situations, more appropriately select and scale the postural strategy needed for a given balance situation, and develop anticipatory and reactive movement strategies that will lower his/her risk of injurious falls. The challenge and physical intensity associated with the selected balance activities will be progressed as your patient's capabilities dictate.

Please list any modifications/comments for testing and class participations:_____

_____

Patient's last blood pressure reading: ____/____ Date recorded:_____

Please indicate by your signature below that your patient is medically cleared to participate in the assessments and program as described. If you have any questions concerning the program please call Petaluma People Services Center at 707-765-8488 or FallProof@petalumapeople.org

SCAN and email to FallProof@petalumapeople.org or FAX to 707-765-8482 Attn: FallProof

_____ _____ _____

Print name of Physician Signature of Physician Date

Address:_____Physician Phone Number: (____)_____