



Date:

Dear Doctor,

To assure that your patient \_\_\_\_\_ is an appropriate candidate for the Methodist Hospital – Jefferson Health JeffFIT Parkinson’s Exercise class, and does not possess any contraindications for exercising, **please complete the Physician Approval Form below and fax back to 215-952-5033.**

If you have any questions about the form, please call us at 215-952-9179. We look forward to helping your patient improve his/her health.

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## Physician Approval Form

## JeffFIT Parkinson’s Exercise Class

I understand that my patient, \_\_\_\_\_, desires to exercise at Methodist Hospital – JeffFIT Parkinson’s Exercise Class. The class will provide a wide range of strengthening, stretching and balance exercises included in the aerobic classes, all supervised by a licensed physical therapist.

There are no contraindications for my patient to participate in a program as described above. **Please identify any recommendations or restrictions that are appropriate for your patient in this exercise or weight-strengthening program:**

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\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date



# JeffFIT Parkinson's Exercise Group Patient Registration Form

This class is designed for individuals with Parkinson’s disease. A physical therapist leads participants through a series of stretching, strengthening and balance exercises set to music in a safe, comfortable and enjoyable setting. Prior to beginning the program, **physician clearance is required**. Participants must be independently mobile or be accompanied by an assistant (family member or caregiver) throughout the session. Each session is 60 minutes in length. Pre-registration is required and regular attendance is strongly encouraged as class size is limited to 12.

**Day & Time:** Fridays at 1 p.m.

**Location:** Methodist Hospital  
2301 S. Broad Street  
Philadelphia, PA 19148

**Cost:** \$40 per 8 sessions

**To register, please call 215-952-9179.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (H) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

**ATTENDANCE POLICY**

Space in class is limited. Three unexcused absences may result in the participant's seat being offered to someone on the wait list. If you are unable to attend please call 215-952-9179.

**CANCELLATION POLICY**

In the event that we have to cancel a class, you will receive a credit toward a future 8-week session. All participants will be notified immediately.

**LIABILITY WAIVER**

I understand that my participation in this program involves physical movement and exercise and could result in physical injury to me. I agree that neither Methodist Hospital-Jefferson Health, nor its employees, officers, or agents shall be liable for any injuries, damages, or claims as a result of my participation in this program. I further understand and agree that if I: i) have any medical conditions; ii) am taking medications; or iii) become pregnant, I must consult my physician about my participation or continued participation in this program. By signing below, I indicate my understanding of this document.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**