



**Joseph E. and Minnie Wagman Centre
Referral and Medical Clearance Form
Community Falls Prevention Program**

Male Female

Name of Client (First/Last Name)

Address (Number & Street Name)

Apt City Province

Postal Code

Phone Number

Health Card Number /Version Code

DOB (DD/MM/YYYY)

The Community Falls Prevention Class includes a group education and discussion session (20 minutes). Followed by seated warm-up (10 minutes), moderate level standing strengthening exercises with hand support (10-20 minutes with rests) and balance activity such as foam pads (1:1 supervision). Please advise:

The patient is able to participate in a group balance exercise class of 30-60 minutes.

Please check:

- Yes**
 No

Please provide any contra-indications or precautions to participation:

Physician Name:

Address:

Phone #:

Date:

Fax #:

Physician signature:

Should you require any further information, please contact the Fitness & Health Promotion Department at 416-785-2500 x 2555. You may fax this form directly to 416-785-2496.