



**Referral and Medical Clearance Form
Community Falls Prevention and Exercise Program**

Male Female

Name of Client (First Last Name)

Address (Number & Street Name)

City Province Postal Code

Phone Number

Email

Health Card Number /Version Code

DOB (DD/MM/YYYY)

The Community Falls Prevention Program includes a group education and discussion session (20- 30 minutes), followed by an exercise class (45 minutes) involving a seated warm-up (10 minutes), moderate level standing strengthening exercises with hand support (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 #:

Fax #:

Date:

Physician signature:

Should you require any further information, please contact the Community Falls Prevention and Exercise Program at 416-785-2500 x 2555.

You may fax this form directly to 647-788-2197.