



### MacWheelers and MacMS-Fitt Referral Form

Client Details		
Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (DD/MM/YYYY)
Address:		Phone Number (Primary) _____ Email Address _____
Referring Physician Details		
Physician Name:	Phone Number: _____	
Clinic/Organization Referring:	Signature: _____	
Patient's Previous Exercise Experience (Physical Activity History):		Recommended Level of Physical Activity:  <input type="checkbox"/> No Physical Activity <input type="checkbox"/> Unrestricted Physical Activity <input type="checkbox"/> Progressive Physical Activity
Patient Diagnosis and Related Details:		Patients Limitations/Clinical Warnings/Orthopedic concerns

I wish to refer my above named patient to the MacWheelers/MacMS-FITT Exercise Program, based on a recent (within 6 months) review of this patient's health status. By signing this referral, I understand the eligibility requirements and the fees involved in enrolling. I am aware that these programs include aerobic and resistance exercises and the above named patient is suitable to perform these exercises as tolerated.



### **Fee Schedule**

Initial Physiotherapy Assessment:	\$100
Basic Membership includes:	
• 2 drop-in sessions/week @ \$55/month	\$330
Modality Membership includes:	
• 2 drop-in sessions/week + 1 treadmill/Zero G session/month @\$75/month	\$450

**All additional modality sessions can be purchased as modality passes at the following rates:**

Modality Pass	Members	Non Members
1 Session	\$100	\$150
4 Sessions	\$75/each (\$300)	\$87.50/each (\$350)
8 Sessions	\$65/each (\$520)	\$71.25/each (\$570)

### **Parking Fees**

- One time voucher \$10
- Start-up fee for parking pass \$20 (one time fee)
- Parking Pass (\$20/month)
  - 6 month pass \$120
  - 12 month pass \$240

**\*\*No Shows are subject to \$30 charge\*\***

### **Eligibility Criteria**

Please note that all new members are required to toilet independently, or be accompanied by a family member or PSW to provide assistance.

#### **MacWheeler**

- Age = 16 + yrs
- Spinal Cord Injury
- Medical Clearance

#### **MacMS-Fitt**

- Age = 16 + yrs

- Multiple Sclerosis
- Medical Clearance

Please fax referrals to: 905-525-7629

**Or mail to:** Ivor Wynne Centre, Room A204  
Department of Kinesiology  
1280 Main St. West, Hamilton, ON  
L8S 4K1