

MacWheelers/MacMS-FITT Exercise Programs Physician Referral Form

For completion by Referring Physician

I wish to refer my patient to the PACE Neuro Gym which houses the MacWheelers, MacMS-FITT, Gait & Balance Programs, 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 may include aerobic and resistance exercise, as well as the use of creative rehabilitation technology and it is suitable for this patient to perform these exercises as tolerated.

Certification Statement: I have received authorization from this patient to release the information below and to permit the staff of the McMaster Physical Activity Centre of Excellence to contact him/her directly for follow-up.

Name of Referring Physician: _____ **Telephone:** _____

Physician Signature: _____ **Date:** _____

Patient Information

Name: _____ **Date of Birth (MM/DD/YY):** _____

Telephone: _____ **Email Address:** _____

Diagnosis/Details: Multiple Sclerosis _____ Spinal Cord Injury _____

Physical Activity History: _____

Please check if present: Dyslipidemia Hypertension Diabetes Smoking

Family History Depression/anxiety Stress Obesity

Clinical/Orthopedic concerns or limitations: _____

Please return form to:

McMaster Physical Activity Centre of Excellence (PACE)

McMaster University, Ivor Wynne Centre, Room E114

1280 Main Street West

Hamilton, Ontario L8S 4L8

Phone: 905-525-9140, ext. 27223

Fax referral form to: 905-525-7629

