Wolper Jewish Hospital MoveWell Community Exercise Program Enrolment & Medical Clearance Form

The following page is to be completed by the client on commencement and then every 2 years.

Client Details

Name: _____ Date of birth: _____ Gender:_____

Address: _____ Postcode: _____

Home telephone number: _____ Mobile: _____

Email address: _____

Emergency Contact Details

Name: _____ Relationship: _____

Home number: _____ Mobile: _____

GP Details

Name: _____Telephone number: _____

Clinic Name/Address: _____

MoveWell Classes

I wish to enroll in the following MoveWell exercise classes:

☐ MoveStrong ☐ MoveSteady ☐ MoveBig

☐ BackInMotion ☐ Tai Chi ☐ AquaMove

Please state your swimming abilities: ☐ Unable ☐ Competent

Do you have a fear of water? ☐ Yes ☐ No

I am willing to take responsibility for myself during any classes I attend. I will inform the instructor should there be any change in my health or medication that could preclude me taking part in the classes.

Name:_____ Signature: _____Date: _____

Dear Doctor,

Your patient wishes to take part in the MoveWell community exercise program at Wolper Jewish Hospital. This may involve participation in aqua aerobics classes which are held in our Hydrotherapy pool, heated at 34°C, and/or participation in our gym based classes. MoveWell classes may incorporate moderate intensity aerobic exercise, resistance exercises, balance exercises or a combination of the above. All classes are group based and instructed by an Accredited Exercise Physiologist or a Physiotherapist.

Patient Name: _____

Please indicate if your patient has any of the following conditions and provide information if necessary.

	YES	DETAILS
Active urinary tract / vaginal infections		*Contraindicated for aqua classes*
High / Low blood pressure		*Contraindicated if uncontrolled*
Cardiovascular conditions		
Respiratory conditions		
Neurological conditions		
Epilepsy		*Contraindicated if uncontrolled*
Incontinence (bladder or bowel)		*Contraindicated for aqua classes*
Diabetes		*Contraindicated if uncontrolled*
Pregnancy		
Cancer		
Musculoskeletal injuries		
Skin conditions e.g. Tinea		
Open wounds		
Joint problems (arthritis)		
Cognitive impairments e.g. Dementia		
Relevant surgery		
Is the patient able to change/enter the pool independently without the need for a carer?		
Has the client had any falls in the last 12 months? If so, how many & details?		
Other comments:		

☐ **YES** my patient is suitable to undertake MoveWell gym / aqua classes and is unlikely to have a health related event

Doctors Signature: _____ Date: _____