NEURO FIT PROGRAM
REFERRAL FORM

Vancouver Coastal Health
Promoting wellness. Ensuring care.

PROGRAM DESCRIPTION:

- For clients with neuro based mobility disorders (MS, PD, SCI, ABI, CVA, etc.)
- Circuit style exercise program (cardio, strength, agility, balance, postural stretching)
- 2 trained instructors: 10 participants max, evidence based
- 2 days per week for 1 hours (12-13 weeks per session)
- Financial assistance available for those who qualify
- Wheelchair accessible

PARTICIPATION INFORMATION:

Patient Name:_____ **Birth Date:**_____
month / day / year)

Address:_____ **Postal Code:**_____

Phone #:_____ **Email:**_____

Emergency Contact:_____ **Phone #:**_____

CRITERIA: Participants **MUST** answer **YES TO ALL** in order to participate in the program.

Please answer **ALL** questions

	YES	NO
Transfer independently/ Stand with assitance/ provides own assistance		
Uses toilet independently		
Able to understand English		
Able to follow verbal/written instructions		
Able to exercise in a group setting (does not require 1:1 supervision)		
Able to communicate needs effectively (verbally and non-verbally)		

The Neuro Fit Program is offered in partnership by Vancouver Coastal Health and District of Squamish Recreation Services.

SQUAMISH

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This section must be completed by a General Practitioner
Please indicate any exercise restrictions:

Neuro Diagnosis:_____

Other Diagnosis (if applicable):_____

Mobility status (circle):

Walks Independently Walks with an Aide Wheelchair User

Cardio: ◯ No Restrictions / Restrictions ◯

Balance: ◯ No Restrictions / Restrictions ◯

ROM: ◯ No Restrictions / Restrictions ◯

ADDITIONAL NOTES/COMMENTS:

This section must be SIGNED by a General Practitioner:

Doctor's Name:_____ Phone #:_____

Doctor's Signature:_____ Date:_____/_____/_____
(day / month / year)

Please include this form with your completed Neuro-fit Registration Package. ALL forms can be submitted to Brennan Park Recreation Centre or emailed to recreation@squamish.ca

FOR OFFICE USE

Suggested Program (best-fit):

☐ Neuro Fit

☐ Re-Fit

☐ FAME for Stroke

Date Package Received:_____