



Neuro – GO! Exercise Program Medical Clearance Form

Dear Medical Provider:

Neuro-Go! is an exercise program specifically for those diagnosed with a neurological disorder and is led by an Exercise Physiologist. This exercise program is designed to decrease neurological motor symptoms through therapeutic, functional exercises while improving overall fitness levels. Each class is about 60 minutes, so participants must be able to safely exercise and ambulate independently for the full duration of class. Exercise equipment such as bands and weights will be used. Other therapeutic strategies to improve memory, cognitive function, and mental health will be integrated in the exercise program in addition to functional Fitness.

Some focuses of this program are:

- **Improve movement, coordination, strength, endurance, mobility and balance**
- **Decrease motor neurological symptoms**
- **Improve motor skills**
- **Increase self-efficacy, independence, and confidence**
- **Decrease fall risk.**

Please complete the following:

I am not aware of any condition(s) that preclude the participation of _____
DOB _____, in the Neuro - GO! exercise program. (Patients Name)

Patient was examined on or last seen: _____

Are there any limitations for participation? Yes (please specify below) No

Types of medication taken, history of cardiovascular disorders, diabetes, orthopedic problems, respiratory problems, convulsive disorders, etc. that may affect the participation in the Neuro – GO! Exercise program?

(MD Signature) Date (MD printed name)

Address: _____

Phone: _____ Fax: _____

For more information/questions regarding Neuro – GO! Exercise Program, Please contact Amy Chipman at VNA Public Health and Wellness, 508-957-7423. This form may be faxed to: 508-394-2109