

## GP Consent Form

General Practitioner name:	
Phone number:	
Email:	Fax:
Practice address:	
I would prefer to be contacted via: <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Postal mail	
Please comment on your patient's medical readiness regarding their participation in a lifestyle program or physical activity.  <b>In my opinion:</b> ..... <b>(patient's name) is in sufficient health to participate in a program or physical activity.</b>	
My patient would benefit from:  Aerobic Exercise                      Strength Exercises	
The client must stop exercising if:	
Other recommendations/comments:	
Signed:	(Doctor's signature)                      Date: / /