



**YMCAs of Cambridge &
Kitchener-Waterloo**

Health Management Program Physician Letter

Dear Health Care provider,

Your patient _____, _____ (D.O.B) is interested in participating in a YMCA Health Management Program.

We offer supervised exercise and education programs for those with stable chronic health conditions such as osteoarthritis, osteoporosis, diabetes, cardiac conditions, COPD, and neurological conditions. Exercise adaptations are provided for those with low mobility, using a gait aid or wheelchair. YMCA Health Management programs also support those transitioning from a hospital based cardiac, pulmonary or neuro-rehabilitation program to exercising in a community-based setting.

Programs are led by registered Kinesiologists and YMCA fitness trainers. Sessions generally consist of light to moderate intensity exercise including a warm-up, cardio & strength-training, cool-down and stretching.

Please check one and provide details if required:

- ☐ I am not aware of any contraindications for participation in an exercise program.
- ☐ The applicant can participate in an exercise program, but I urge caution because:

- ☐ The applicant can participate in exercise but should not engage in the following activities:

The patient has my approval to begin an exercise program with the recommendations or restrictions stated above.

Health Care Provider Name *(please print)* _____

Health Care Provider Signature _____ Date _____ / _____ / _____
(yyyy/mm/dd)

FORM SUBMISSION OPTIONS

1. Patient returns completed letter to YMCA
2. Direct referral via fax, email or mail. Please include patient contact information below:

Patient Name *(please print)* _____

Phone Number _____ or Email _____

Note: If your patient's health condition worsens while participating in program, updated clearance may be required.

Physician/clinic stamp

A.R. Kaufman Family YMCA

Attn: Katelyn Corke R.Kin
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Kitchener, ON N2G 3C5
T: 519-743-5201 x 230
F: 519-743-5204
E: katelyn.corke@ckw.ymca.ca

Chaplin Family YMCA

Attn: Eliza Reid R.Kin
250 Hespeler Road,
Cambridge, ON N1R 3H3
T: 519-623-9622 x 2214
F: 519-621-6580
E: eliza.reid@ckw.ymca.ca

Stork Family YMCA

Attn: Meagan Meade R.Kin
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Waterloo, ON N2L 0B1
T: 519-725-8783 x 270
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