

Growing Stronger

Physician Authorization Form



Date form is signed: _____

Dear Dr. _____,

Your patient (name & address) _____

_____ is interested in participating in the Growing Stronger Program offered by Ardent Solutions, Inc. in partnership with the Allegany County Office for the Aging. This moderate intensity, progressive exercise program includes strength and balance training and is designed to improve muscle strength, dynamic balance, mobility and flexibility in mid-life and older adults.

The program is based upon the results of strength training and osteoporosis prevention studies in older adults conducted by Miriam Nelson PhD in the Human Physiology Laboratory at Tufts University, Boston MA. The class meets twice a week for one hour and exercises consist of: balance exercises; weight exercises with leg cuffs and hand weights, starting with one pound and increasing as participant feels able; and strength exercises using body weight for resistance.

Your approval is required before participation can begin and/or again, if there is an extended period of absence from the class. Please complete and return this form to the patient directly or fax the completed form directly to Melissa Biddle at 585-593-5217. If you have any questions or would like to discuss your patient's participation in this program in further detail, please call Melissa Biddle, Community Health Program Manager with Ardent Solutions, Inc. at 585-593-5223 ext. 15.

I give consent for (patient's name) _____ to participate in a supervised progressive weight training program.

Comment/restrictions: _____

Physician's Name (please print)

Physician's Phone Number & Fax

Physician's Signature

Date

Ardent Solutions, Inc.
85 North Main Street, Suite 4
Wellsville, NY 14895
Phone: 585-593-5223 ext. 15
Fax: 585-593-5217



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