

COACH ME STRONG

Physician,

You have received this because one of your patients would like to start a personal training/ exercise coaching program with Coach Me Strong. Our intake specialists have requested a medical release for exercise prior to your patient starting the program.

The coaching program guides the patient in aerobic exercise, strength training, and specialty programs such as yoga, Pilates, etc.

To help your patient make the best choice for his/her health and fitness, please complete and submit the short form below.

[If you have any questions, please contact us by clicking here.](#)

Physician Name

Hospital or Medical Facility Affiliation

Speciality

Physician Email

Physician Phone

Patient Name

Patient Date of Birth

Patient Gender

Male

Female

Would you restrict this patient from aerobic exercise, such as swim, bike, run, walk?*

Yes

No

Some Restrictions

If "yes" or "Some Restrictions" please explain:

Would you restrict this patient from strength training or other anerobic exercise?*

Yes No Some Restrictions

If "yes" or "Some Restrictions" please explain:

Would you restrict this patient from stretching and/or body movement exercise such as yoga or tai chi?*

Yes No Some Restrictions

If "yes" or "Some Restrictions" please explain:

Any additional comments or notes?

Signature. If signing digitally I understand that my digital signature is the equivalent of, and carries the same weight as, my physical signature on a printed document.

Submission Date

PLEASE EMAIL THIS FORM TO: admin@coachmestrong.com

If questions, call 619-736-2511.

Thank you.