

Dear Dr. _____

Your patient, _____, desires to enroll in an Adaptive Physical Education class offered by Cañada College. Based on your input, which is confidential, the student will have an individually designed fitness program with their needs, interests, and abilities in mind. This program is not a substitute for physical therapy; rather, we offer an educational program for medically stable persons with a focus on lifelong fitness. Our Program emphasizes cardiovascular conditioning, muscular strength, flexibility, balance and motor skills, and social interaction.

For effective and safe programming, as well as funding purposes, we are required to have a Physician's Recommendation and Medical Verification completed prior to his or her enrollment. After you have completed the attached form, you may return it to your patient or fax it directly to me at (650) 306-3390. Thank you for your input-- I appreciate your taking the time to complete this. We look forward to having your patient participate in our Program!

If you have any questions or comments about our Program, please call me at (650) 306-3473.

Sincerely,

Barbara McCarthy, M.A., R.K.T.;
Instructor, Adaptive Physical Education

CONSENT FOR RELEASE OF INFORMATION:

PATIENT SIGNATURE _____ DATE _____