

Your patient, _____



_____, would like to participate in the Delay the Disease™ Program through

the YMCA of Greater Omaha.			
Delay the Disease™ is an exercise program designed to empower adults with Parkinson's disease by optimizing their physical function and helping to delay the progression of symptoms. The exercise program is run by certified Delay the Disease™ Instructors at three YMCA locations in the greater Omaha area. The exercises in the class vary, and can be adapted to each individual's needs. The program aims to help individuals with Parkinson's disease decrease fall risk, improve posture and gait, minimize fatigue, reduce rigidity, return arm swing, and maintain or regain independence.			
			To ensure the safety of all participants, we ask for physician clearance before beginning the exercise program. If you have any questions regarding the program before completing the form below, please reach out to Theresa Lovings through the contact information listed below. Physician Report I know of no reason why this applicant may not participate in this exercise program
The applicant can participate in this exercise progr restrictions in mind:	am, but with the following concerns, limitations, or		
I recommend that this applicant NOT participate in	this exercise program		
Comments:			
Physician Name	Clinic		
Physician Signature	Date		
Phone	Email		

Please fax or email completed forms to
Theresa Lovings, Association Director of Group Fitness
YMCA of GREATER OMAHA
402-977-4299 (fax)
402-977-4324 (phone)

tlovings@metroymca.org