Your patient, __________________________________________________________________________, would like to participate in the Delay the Disease™ Program through the VSYMCA.

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 Ellen Nichele and Mary Charlton.

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 Ellen Nichele 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 program, but with the following concerns, limitations, or restrictions in mind:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

_____ I recommend that this applicant NOT participate in this exercise program.

Comments:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Physician Name__________________________________________________________________________

Physician Signature__________________________ Date_____________________

Phone __________________________________________ Email__________________________

Please fax or email completed forms to:
Ellen Nichele, Wellness Coordinator
Valley Shore YMCA
860-399-8349 (fax)
860-399-9622 (phone)
enichele@vsymca.org