



CrossFit Des Moines
3209 99th Street
Urbandale, IA 50322

Physician Approval for Exercise Participation

Patient's Name _____
Exercise Specialist _____
Doctor _____ Phone _____

Dear Doctor,
Your patient has physical concerns that may limit full participation in a regular exercise program. Would you express any concerns or limitations that we should be aware?

CrossFit Des Moines utilizes high-intensity exercise prescriptions. Our trainers are highly skilled in scaling loads, intensity, and frequency to a clients daily exercise program. However, we will consult with a patient's physician in each case. Upon your approval, CrossFit Des Moines will design an exercise program for your patient.

Our testing and prescriptions may include the following. Please check those activities that would **not** be appropriate for your patient. Please note possible indications or considerations.

Cardiovascular Activities

- ___ Walk, Jog or Run
- ___ Stair climber
- ___ Stationery Bicycles
- ___ Rowing Machines

Diet Prescription

- ___ Zone

Strength Activities

- ___ Calisthenics
- ___ Weightlifting
- ___ Gymnastic movements

Other Activities

- ___ Stretching
- ___ Tumbling

Notes on modifications / considerations:

Client Signature: information release consent

date

Physician's Signature

date

Please return this form to CrossFit Des Moines at the following address:

3209 99th Street
Urbandale, IA 50322