



**YMCA - YWCA of  
Guelph**  
Wellness Programs

# Physician Letter

Dear Health Care provider,

Your patient \_\_\_\_\_, \_\_\_\_\_ (D.O.B.)  
is interested in participating in a YMCA-YWCA of Guelph Wellness Program.

**What are the YMCA-YWCA of Guelph Wellness Programs?**

We offer supervised individual and group exercise programs for those with numerous conditions including, but not limited to; osteoporosis, arthritis, diabetes, controlled cardiac conditions, COPD, neurological conditions and/or impaired physical mobility. These programs are designed by Registered Kinesiologists and Guelph Y fitness trainers.

Sessions generally include the following:

- Safe and effective, light to moderate intensity exercise that includes a warm-up, cardio, resistance training and cool down. Healthy living education is also provided in a number of wellness programs.

Please check one and provide details if required:

I am not aware of any contraindications for participation in this program.

The applicant can participate in the program, but I urge caution because:

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The applicant can participate in the program but should not engage in the following activities:

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This patient has my approval to begin an exercise program with the recommendations or restrictions stated above.

Health Care Provider Name (please print) \_\_\_\_\_

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

**Form Submission:**

1. Patient returns completed letter to the YMCA-YWCA of Guelph. OR
2. Direct Referral: Fax, email or mail to the YMCA-YWCA of Guelph and include patient contact information below:

Physician/clinic stamp

Patient Name (please print) \_\_\_\_\_

Phone Number \_\_\_\_\_ or Email \_\_\_\_\_

**YMCA-YWCA of Guelph**  
130 Woodland Glen Drive  
Guelph, ON N1G 4M3  
Phone: 519-824-5150  
Fax: 519-824-4729  
Email: chrissftel@guelphy.org

**Note:** This program participation approval is valid for a maximum of six months and becomes invalid if your medical condition changes.