

MEDICAL REFERRAL

DRPENNY WEIGHT LOSS SERVICES INC. INFO@DRPENNY.CA

Client: _____ Age: _____ Height: _____ Weight: _____

The following questions are health requirements for participating in any of DrPenny’s DietSmart Services (Nutrition,) and Physical Education/Rehabilitation Services (Fitness):

Your patient has chosen the _____ Service, and is accountable for the following program requirements:

Has a Body Mass Index above 35+	yes	no
Has NOT had Weight Loss Surgery in the past five years	yes	no
Is NOT on a Medically Controlled or Supervised Diet Plan or Program?	yes	no
Needs Medical Support Stockings : full leg or partial leg Left Right Both	yes	no
Has had Hip or Knee joint replacement in the past 12 months	yes	no
Has Asthma or Breathing Problems	yes	no
Back, Spine or Brain Injury – specify _____	yes	no
Requires supportive assistance in participating safely (walker, cane, brace, etc)	yes	no
Is there reason to NOT participate in DrPenny Weight Loss Services?	yes	no
Are there any personal health risks that need to be addressed before starting?	yes	no

- Certified Home Care Plans for Obesity, Diabetes, & Heart Disease.
- Check your Extended Health Insurance for Home Care coverage – this document is required.
- No refunds after the 1st Training Appointment or thereafter.
- This Medical Clearance will provide permission to participate with a degenerative disease or any other metabolic, mental, physical, or dietary limitations or underlying medical conditions.
- Contact information: Penny Forrester PhD info@drpenny.ca Text or Call: 613 968 8100

Are there any specific training instruction for your patient?

Health Care Practitioner Signature

Date

DrPenny’s Signature & Date of Approval _____

Dr. Penny.ca