Referral Form to the TIME™ Program

(To be completed and signed by Physician, PT, or RN/NP)

Participant Name: _____ **Participant Telephone Number:** _____

_____ [name] is interested in participating in Together In Movement and Exercise (TIME™), a group exercise program for people who have challenges with balance and mobility. Fitness instructors lead the exercise program, which was designed by physiotherapists. **Eligible persons are those who can walk a minimum of 10 metres with or without a walking aid.**

This program provides exercise for health and wellness, not physiotherapy. It offers exercises to address strength, balance and endurance. Classes include:

If your patient has either of the following, he/she would not be suitable for this program. Please indicate if either of the following apply: □ Uncontrolled angina □ Uncontrolled hypertension

Is a support person needed to assist with personal care needs (i.e., washroom)? □ YES □ NO

Is your patient presently medically stable and safe to participate in exercise? □ YES □ NO

Can your patient walk by him/herself 10m, with or without a walking aid? □ YES □ NO

Does your patient have a history of, or currently have the following (check all that apply):

□ Stroke
□ MS
□ Acquired brain injury
□ Cognitive and/or behavioural issues that may impede group participation
□ Diabetes
□ Peripheral vascular disease
□ Seizures: Date of last one: _____ Frequency: _____
□ Other medical conditions: _____
_____
□ Osteoporosis
□ Severe joint pain preventing exercise

The following are precautions for which a graded exercise test/stress test is recommended. Does your patient have a history of (check all that apply): □ Cardiac arrest □ Congestive heart failure □ Asthma/COPD that worsens with activity

Do "Hip Precautions" apply? □ YES □ NO In effect until: _____

☐ **Please attach a printed list of your patient's current medications.**

Forward completed form to: Stephanie Barrington, sbarrington@haltonhills.ca