



Medical Approval to Exercise

Patient Name: _____

Address/City/State: _____

Date of Birth: _____ Phone Number: _____

The above named patient would like to participate in the Project Healthy Bones exercise and educational program offered by Interfaith Caregivers of Greater Mercer County. This free 24-week program is for individuals over the age of 60 and is designed to prevent and slow the development of osteoporosis. Weekly exercise classes are led by trained volunteer Peer Leaders.

The seated and standing exercises are intended to improve balance and strength with the use of ankle and hand weights. Participants begin with 1-lb. weights and increase by ½-lb. increments as self-determined. This is not a cardiac/aerobic based program.

Project Healthy Bones is based on a program developed by the Massachusetts Department of Public Health and Action for Boston Community Development, INC. in consultation with the Nutrition and Exercise Physiology Laboratory at Tufts University. The program is sponsored by the NJ Department of Human Services, Division of Aging Services. For more information: www.state.nj.us/humanservices/doas/services/phb/index.html

_____ **YES**, I approve and support my patient's participation in this progressive weight and balance training program.

_____ **NO**, my patient is not eligible to participate in this exercise program due to his/her current medical status.

Physician Information:

PHYSICIAN SIGNATURE

Print Name: _____

Address: _____

DATE

Telephone: _____

**Please return completed form to your patient or fax form to our office:
ICGMC Contact Information: Fax: 609-586-1919 Phone: 609-393-9922**

*Do you have another patient who could benefit from the **Project Healthy Bones** osteoporosis exercise and education program? Please feel free to give them our contact information. Classes are held at various public locations in Trenton, Hamilton and Lawrenceville.*



Interfaith Caregivers of Greater Mercer County

3635 Quakerbridge Road, Suite 16, Hamilton, New Jersey 08619

Phone: 609.393.9922 Fax: 609.586.1919

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