UC San Diego Health

Programs for Active Living and Support (PALS) Medical Consent

PALS offers post-treatment classes and groups for individuals with physical disabilities and seniors. More information can be found at health.ucsd.edu/PALS

Participant Information	
Name:	_____
Telephone:	_____
E-Mail Address:	_____

To be completed by your physician/healthcare provider

Name: _____has my consent to participate in the following:
(Check all that apply)

❑ Rehab Golf Program

Participants experience the therapeutic benefits of golf in this inclusive program for seniors and individuals with physical disabilities. Led by a PGA teaching professional and certified therapeutic recreation specialists, the program promotes physical fitness, social connection and fun.

❑ ABC Balance Class/ Senior Fitness Class

ABC Class is focused on improving balance, coordination and overall body control. Senior fitness class is focused on strength and cognitive health. Led by licensed therapists. Open to seniors (55+) and individuals with physical disabilities.

Please check any of the following precautions that are applicable:

- ❑ Severe hypotension or hypertension
- ❑ Severely limited endurance
- ❑ Medications/anticoagulation
- ❑ Total hip precautions
- ❑ Back precautions
- ❑ Pulmonary
- ❑ Infectious disease
- ❑ Other
- ❑ Recent MI
- ❑ Severe cardiac disease, cardiac precaution
- ❑ Allergies
- ❑ Weight-bearing precautions
- ❑ Uncontrollable seizures
- ❑ Syncope/fainting spells
- ❑ Cognition that would be a safety risk

If checked, please specify: _____

Physician/Healthcare Provider (please print): Physician/Healthcare Provider Signature:

_____ _____

Date: _____/ _____/ _____

Physician Telephone: (_____) _____ - _____
Fax attention to PALS to **(619) 543-7854**