



# Wellspring Online Group Exercise Program Physician (Family Physician or Specialist) Consent Form

## To be completed by applicant

PLEASE PRINT                      Please check one of the following:  Mr.    Mrs.    Miss.    Ms.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

## To be completed by physiotherapist \*optional\*

<u>Treatment</u>	<u>Comments</u>
<input type="checkbox"/> Exercise Program	_____
<input type="checkbox"/> Pain Control	_____
<input type="checkbox"/> Range of Motion	_____
<input type="checkbox"/> Other: _____	_____

## To be completed by physician (family physician or specialist) \*mandatory\*

Our program is available to adults with cancer who have been diagnosed, are undergoing treatment or are in survivorship. We offer our program for 2 sessions per week for 12 weeks. All sessions are led by a physiotherapist, kinesiologist, and/or exercise physiologist.

The following list of criteria must be met for an individual to attend our program:

- Diagnosed with cancer
- Over 18 years of age
- Ability and motivation to participate in an exercise program

Cancer Diagnosis: \_\_\_\_\_ Stage: \_\_\_\_\_

Metastatic Lesion:  Y  N    If yes, indicate location: \_\_\_\_\_

Additional comments/Comorbidities requiring consideration during exercise:

\_\_\_\_\_

\_\_\_\_\_

I give my consent for the above applicant to participate in the Wellspring Cancer Rehabilitation Program:

\_\_\_\_\_  
Physician (Family Physician or Specialist) Signature                      Date

Physician Address: \_\_\_\_\_  
(Family Physician or Specialist) \_\_\_\_\_



## Wellspring's Twelve-Week Online Group Exercise Program

### Program Overview:

Research continues to indicate that exercise has significant benefits for people coping with cancer. Exercise enhances quality of life and reduces symptoms during and following treatment. Wellspring's exercise program focuses on restoring and improving the physical well-being of individuals who are undergoing or have completed cancer treatment.

The exercise program takes place over an 8 week period and includes the following components:

- Intake Survey and triage into the appropriate level of the program
- 1 Hour Orientation
- 2 - 45 minute professionally led online classes each week for 12 weeks
- Participants are encouraged to exercise at least one additional time per week with support from the Embodia App

### Next Steps:

Once you have your consent signed, please scan or photograph the form and email it to [exercise@wellspring.ca](mailto:exercise@wellspring.ca). One of our team members will reach out to you and send you a link to our intake survey. In the meantime, if you have any questions or would like more information on the program please call 416-961-1928 or email [exercise@wellspring.ca](mailto:exercise@wellspring.ca).

### Wellspring Well on the Web

<https://wellspring.ca/online-programs/>

Scan/Photograph and send form to  
[exercise@wellspring.ca](mailto:exercise@wellspring.ca)