
Physician's name _____

Address _____ Suite# _____

City _____ State _____ ZIP _____

Phone number () _____

Patient's name _____

The above-named patient has expressed an interest in participating in the Therapeutic Golf Program offered by Marianjoy Rehabilitation Hospital & Clinics, Inc. ("Marianjoy"), which is part of Marianjoy's Therapeutic Sports and Recreation Program. The Therapeutic Golf Program involves instructional golf clinics as well as short and long course events. Participants work towards building or maintaining strength, flexibility, and balance through various golf exercises and stretches. Physician approval is required for participation in the Program.

By signing below, I approve the participation of the above-named patient in the Marianjoy Therapeutic Golf Program.

The patient does not have any medical contraindications for participation in the Program. I understand that the patient will be participating in physical activity, and, as applicable, describe below any exercises that the patient should or should not perform:

Physician's signature _____ Date _____

This form should be returned to:

Tracy Ekstrom, CTRS
Therapeutic Recreation Dept.
Marianjoy Rehabilitation Hospital & Clinics, Inc., now part of Northwestern Medicine
26W171 Roosevelt Rd.
Wheaton, Illinois 60187
F 630.909.8411
T 630.909.6010

marianjoy.org