



Cancer Services

IMPROVING LIFE. EMPOWERING LIVES.

EXERCISE PROGRAM PHYSICIAN APPROVAL

_____ is requesting approval to participate in one or more of Cancer Services of Greater Baton Rouge's Exercise programs. In order for us to provide this service, we need the following information:

Diagnosis: _____ Date of diagnosis or recurrence: _____

Is patient in active treatment? Yes No

Date and type of most recent treatment: _____

Please Check Appropriate Response(s)

- I agree with my patient's participation in all exercise programs.
- I agree with my patient's participation in the yoga class.
- I agree with my patient's participation in the Zumba class.
- I agree with my patient's participation in the Fit & Fearless exercise program.
- I need more information before making a decision regarding participation.

Comments:

Physician Name

Date

Physician or Authorized Signature

Date

Please fax or mail to the address below.

Cancer Services of Greater Baton Rouge

550 Lobdell Av.

Baton Rouge, LA 70806

Phone: (225) 927-2273 Fax: (225) 928-8448

Direct questions to Natalie Depp at (225) 927-2273 or ndepp@cancerservices.org