

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_

**Physician Referral Form**  
*(to be completed and signed by a Physician)*

**Please provide details on conditions & special considerations in each health category where applicable.**

Cardiovascular: \_\_\_\_\_  
\_\_\_\_\_

Musculoskeletal: \_\_\_\_\_  
\_\_\_\_\_

Respiratory: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

Medications (Please list or attach a printed list of your patients current medications)  
\_\_\_\_\_  
\_\_\_\_\_

**PARmed-X Physical Activity Readiness Convatance Referral Form**

Based upon a current health status review of \_\_\_\_\_, I recommend:

- No Physical Activity
- Progressive physical activity \_\_\_\_\_
- with avoidance of \_\_\_\_\_
- with inclusion of \_\_\_\_\_
- Unrestricted physical activity-start slowly and build up gradually

\_\_\_\_\_, M.D.

\_\_\_\_\_, 20\_\_\_\_.

(Date)

**Please send this completed form to:**  
Abilities Centre, 55 Gordon Street, Whitby ON L1N 0J2  
jcohan@abilitiescentre.org | Fax: 289-278-4448



***“It improved my strength and balance. It also gave me the confidence to move forward to a more in-depth exercise program”***





## What is TIME™?

TIME™ is a community-based exercise program for people with a range of neuromuscular conditions such as stroke, multiple sclerosis or acquired brain injury. Anyone with a neuromuscular condition who can **walk at least 10 metres**, with or without a walking aid (walker, cane, etc.) is encouraged to participate.

## Classes

Supervised by a Registered Kinesiologist & other fitness instructors, weekly classes are 60-minutes long and include:

- Circuit-based instruction focusing on strength, balance, coordination and endurance
- Resistance training with therabands, hand weights and bodyweight movements
- Seated warm-ups and cool downs involving flexibility and relaxation stretches
- Weekly progression through appropriate levels of difficulty

## Benefits of TIME™

- Improve or maintain your mobility
- Decrease the risk of falls by improving your balance and strength
- Receive social support by meeting people with similar conditions
- Improve your quality of life and general fitness level
- Receive safe and knowledgeable instruction through a 1:4 instructor-to-participant ratio

## Registration Requirements

Included with this brochure, is a Physician Referral form, which must be completed by your referring healthcare professional/medical doctor. Once completed and signed, please return to our welcome desk and we will help you finalize your registration.



**Tuesdays & Thursdays or Wednesdays & Fridays**  
**12:00pm - 1:00pm or 1:30pm - 2:30pm**

**\$18/week (AC Member) or \$26/week (Non-Member)**

Sessions vary in length based on season.

Please call to confirm program session start/end times. Subsidized pricing may be available through our Membership Assistance Program (MAP).

\*Prices subject to change.



*“The TIME™ program was a very beneficial post stroke rehabilitation program for me. It improved my strength and balance. It also gave me the confidence to move forward to a more in-depth exercise program. Alison and her team are very patient, caring, knowledgeable instructors who are committed to helping others improve their day to day lives.” -Karl P.*



## For more information, contact:

Jessica Cohan, R. Kin

Lead, Post-Rehabilitation Programs

[jcohan@abilitiescentre.org](mailto:jcohan@abilitiescentre.org)

55 Gordon Street, Whitby, ON L1N 0J2

Tel: 905 665 8500 ext. 114

[www.abilitiescentre.org](http://www.abilitiescentre.org)



**Physician  
Referral Form  
on reverse.**

