

Tai Chi & Chi Kung Institute

GPO Box 66, Adelaide, 5001

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Email: office@taichi.com.au

www.taichi.com.au

25 years in SA.
All instructors are
Gov't Accredited
Coaches (NCAS)

Doctor's & Practitioner's Approval Form Tai Chi & Chi Kung Classes

Doctor's Name.....

Address.....Code.....

Telephone:..... Email:

Thank you for providing the following information about your patient who wishes to attend Tai Chi / Chi Kung classes with the Tai Chi & Chi Kung Institute.

All information is strictly confidential and available only to the Instructors immediately involved in teaching your patient. This information is used to provide the Instructor with accurate information in case of emergency and to insure their awareness of your patient's physical conditions.

For more information about what our classes involve, please see the "What is Tai Chi / Chi Kung?" and "What is Chi Kung?" sections of our web site at www.taichi.com.au

Please note: Chi Kung is much easier and less physically demanding than Tai Chi.

Please comment on any medical conditions that may affect your patient's participation in a Tai Chi or Chi Kung exercise class.

Medical Conditions:

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Back
<input type="checkbox"/> Bipolar	<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Cancer
<input type="checkbox"/> Chronic Fatigue	<input type="checkbox"/> Heart	<input type="checkbox"/> Lung
<input type="checkbox"/> Neck	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Stress
<input type="checkbox"/> Other.....		

Does this patient require an assessment by a physiotherapist prior to joining our Tai Chi or Chi Kung classes? Yes / No

Are there any movements that should be avoided? Yes / No

If yes, name these movements:.....

Is there any other relevant information that might affect treatment in an emergency situation?

Is this patient currently taking any medication that would affect them doing exercise?... Yes / No.....

I advise that.....is medically fit to participate in Tai Chi or Chi Kung exercises. I have read the Tai Chi & Chi Kung Institute Brochure or Website information, which explains these exercises.

Doctor's Signature:..... Date.....
Doctor's Address/Stamp.

Updated Jan 2009