



### Fitness Studio

**Free With Fitness Membership**

Please see Customer Service Desk for Session Availability

\*New courses offered monthly

Please call to confirm program session start/end times. Subsidized pricing available through our Fee Assistance Program.

\* An application for assistance must be submitted.

## What is Fitness For Breath?

This respiratory maintenance program is designed as post-rehabilitation. This program is ideal for individuals who have chronic lung disease such as COPD (chronic obstructive pulmonary disease), pulmonary fibrosis, chronic asthma, etc. It is not intended to replace rehabilitation, but instead provide a resource to continue your exercise routine.

## Classes

Supervised by qualified & trained BWG fitness staff, weekly classes are 60 minutes in length and include:

- \* Aerobic exercises using the 110m walking track and state-of-the-art cardio equipment
- \* Resistance training with therabands, weights and body weight movements
- \* Easy-to-follow exercises using large-print booklets
- \* Weekly progression through appropriate levels of difficulty

## Accessible Facilities

The BWG Leisure Centre meets all of the requirements required by the Ontario Building Code (OBC) & the Accessibility for Ontarians with Disabilities Act (AODA).

## Registration Requirements

The Physician Referral Form on the reverse must be completed by your referring doctor or healthcare specialist. Once completed and signed, please return it to the Customer Service Desk to finalize your registration.

*For more information, contact:*  
*Stephanie Uren*

*Fitness Supervisor*

*suren@townofbwg.com*

*471 West Park Ave, Bradford ON, L3Z 0J3*

*Tel: 905-775-7529 ext. 8601*

*www.bwgleisurecentre.ca*



**Physical Referral Form on reverse.**

**To Speak to a Certified Respiratory Educator, call Ontario Lung Association**

**1-888-344- LUNG (5864)**



# FITNESS FOR BREATH

Respiratory Maintenance Program

## PHYSICIAN REFERRAL FORM

(to be completed and signed by a referring Doctor or Health Care Specialist)

Name of Patient (please print) \_\_\_\_\_

Patient's Age \_\_\_\_\_ Patient Telephone \_\_\_\_\_

Patient Address \_\_\_\_\_

This program is a fitness and rehabilitation program, not physiotherapy, and is led by qualified and trained BWG Leisure Centre fitness staff. Please provide us with the following information:

Does the patient currently have or have a history of (check all that apply):

COPD (chronic obstructive pulmonary disease)  Pulmonary Fibrosis  Chronic Asthma  Stroke

**Will the patient be participating with the following (check all that apply):**

Oxygen Tank  Walker  Wheelchair  Other \_\_\_\_\_

Considering all aspects of the patient's medical history, I agree that  
\_\_\_\_\_ does not have any health issues that would  
prevent him/ her from participating in the exercise program as described.

Physician/ Health-Care Specialist's name (please print) \_\_\_\_\_

Physician/ Health-Care Specialist's signature \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

Please send this completed form:

**In Person:** 471 West Park Ave, Bradford ON, L3Z 0J3 Attn: Stephanie Uren

**By Email:** [suren@townofbwg.com](mailto:suren@townofbwg.com)

All personal information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purposes of Rehabilitation Program Registration. Questions regarding this collection may be directed to Stephanie Uren, Fitness Supervisor,  
471 West Park Ave, Bradford ON L3Z 0J3, 905.775.7529 X 8601.

