



# PROST! Exercise Club 4 Prostate Cancer Inc. Registration Form

We are pleased to invite you to attend a new exercise program, specifically set up for men who have experienced Prostate Cancer. The aim of the program is to establish group evidence-based exercise sessions, under the guidance of experienced Exercise Physiologists. We have two locations Subiaco Football Club, Leederville Oval, and UWA's Exercise and Performance Centre, Parkway, Entrance #4, Nedlands.

There is a small fee of \$12 per session. To join, simply fill in the details below with consent from your GP or treating specialist.

Once you have completed the form and obtained the referral signature please arrange an appointment with our Exercise Physiologist: Vian Botma on 0416 822 247 or email him at [admin@holisticdynamix.com.au](mailto:admin@holisticdynamix.com.au). Please take this registration form to the appointment with Vian.

|   |                 |                       |                 |
|---|-----------------|-----------------------|-----------------|
| Participants First Name                           |                 | Last Name             |                 |
| Address   |                 | Suburb/State/Postcode |                 |
| Phone No  | (H)             | (M)                   | (W)             |
| Email Address                                     |                 |                       |                 |
| Emergency Contact                                 | Name            | Relationship          | Mobile Phone No |
| Prostate Cancer Diagnosis (date/stage/treatment): |                 |                       |                 |
| Urologist/ Oncologist                             | Name            | Phone                 |                 |
| GP & Practice Name                                | Name / Practice | Phone                 |                 |

To enable us to provide a professional exercise program, it is important you inform us of any pre-existing medical conditions. Kindly tick any appropriate boxes below and supply any further details to assist us. Your GP, Physiotherapist or Urologist must also provide informed consent for you to attend.

Orthopedic e.g., knee, back:

Neurological conditions: e.g., Parkinson's / Epilepsy

Past Surgeries:

Cardiac/Heart Issues:



# PROST! Exercise Club 4 Prostate Cancer Inc. Registration Form

Respiratory/Lung Issues:

Visual/Hearing:

Other:

\_\_\_\_\_  
Signature of treating Doctor

\_\_\_\_\_  
Signature of Participant

Date

Date

**PREFERRED TIME: (Pls tick  your preferred time & place, 1 or 2 per week as desired, attendance is casual)**

LEEDERVILLE: Tuesday & Thursday

9 to 10am:

10 to 11am:

UWA NEDLANDS: Wednesday & Friday

12 to 1:00pm:

Please provide a brief bio. Work/ Sporting Interests/ Hobbies etc

NB: No responsibility will be taken for any accident, injury, trauma or unexpected death by Men's Health Complete Physiotherapy, PCCA or PCWA in the event of an unexpected event. Attendees enrol at their own risk and with a personal duty of care to seek medical assistance if problems arise.

If you have any questions regarding completing the form or Perth please contact our Support Group Leader, Ross Campbell on 0407 886 823 or email: [supportgroupleader@prost.com.au](mailto:supportgroupleader@prost.com.au)

THANK YOU!