



Marie Murphy Health & Fitness
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DUBLIN'S FAVOURITE WELLBEING HUB

Medical Consent Form for The Murphy (METs) Programme (a low to moderate intensity physical activity program)

To be completed by the client

Name: _____

Address: _____

Home Number: _____

Mobile Number: _____

Are you receiving active treatment? Yes No

If so, what type? _____

To be completed by an Oncologist, if you are currently undergoing treatment, otherwise a GP's consent will suffice.	
Oncologist	GP
Name:	
Address:	Address:
Phone Number:	Phone Number:
Registration Number: ¹	Registration Number: ¹
Signature:	Signature:
Date:	Date:
I, the above named Oncologist / GP, agree that the client is a suitable candidate for participation in the Murphy (METs) Programme: ² a low to moderate intensity physical activity program, as shown below, offered at the elbowroom Dublin's Favourite Wellbeing Hub.	
Walking <input type="checkbox"/> Resistance Training <input type="checkbox"/>	
For Office Use Only (To be completed by an Administrator)	
The Elbowroom Reference #:	
Date Consent Form Received:	
Personal Notified:	
1 st Appointment Date:	
Signed:	

¹ Registration Number is the number you received from the Medical Council of Ireland.

² Murphy (METs) Programme designed, developed and implemented by Marie Murphy Consultant Exercise & Nutrition Specialist.