



Marie Murphy Health & Fitness
www.mariemurphyhealthfitness.com



Complied with Governance Code: Jan'14
Review of Governance Code: Jan'17

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:	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 by East Galway & Midlands Cancer Support.	
Walking <input type="checkbox"/> Resistance Training <input type="checkbox"/>	
For Office Use Only (To be completed by an Administrator)	
EG&M Reference #:	
Date Consent Form Received:	
Therapist/s Notified:	
1 st Appointment Date:	
Signed:	

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

² Murphy (METs) Programme is licensed from Marie Murphy Consultant Exercise & Nutrition Specialist.



East Galway & Midlands Cancer Support LTD
Le Chéile,
Brackernagh,
Ballinasloe,
Co. Galway

