



Marie Murphy Health & Fitness  
Consultant Exercise & Nutrition Specialist  
Former Irish Olympian (Marathon)  
www.mariemurphyhealthfitness.com

# 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:<sup>1</sup>

Registration Number:<sup>1</sup>

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:<sup>2</sup> a low to moderate intensity physical activity program, as shown below, offered by Marie Murphy Consultant Exercise & Nutrition Specialist.

Walking ☐ Resistance Training ☐

For Office Use Only (To be completed by an Administrator)

Date Consent Form Received:

Personal Notified:

1<sup>st</sup> Appointment Date:

Signed:

<sup>1</sup> Registration Number is the number you received from the Medical Council of Ireland.

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