

David Gilks, MES, PFT
Unit C-2 6439 Portsmouth Road
Nanaimo, BC V9V 1R6
250-390-3160

DAVID GILKS

CORE ESSENTIALS™

Name _____

Condition _____

Post-Rehab Functional Conditioning Services Requested

- | | |
|---|--|
| <input type="radio"/> FITSCREEN Assessment/Reassessment | <input type="radio"/> Flexibility Training |
| <input type="radio"/> Cardiovascular Training | <input type="radio"/> Weight Reduction |
| <input type="radio"/> Strength Training | <input type="radio"/> Diabetes Exercise |
| <input type="radio"/> Hypertension Exercise | <input type="radio"/> Functional Training |
| <input type="radio"/> Spinal Stabilization | <input type="radio"/> Aquatic Exercise |
| <input type="radio"/> Back/Neck Exercise | |

Duration _____ Frequency _____

Remarks _____

Referral Signature

Date

PERC PROVIDER NO. 8DG06-97

