REEL RECOVERY
Be Well! Fish On!

Medical Release Form

Dear Doctor,

The patient named below has applied to attend a 2 ½ day retreat conducted by Reel Recovery, a national non-profit organization that provides fly-fishing retreats for men recovering from cancer. Men with any form of life-threatening cancer, in treatment or recovery, are eligible for the retreat if physically able.

The event will include fly-fishing instruction by trained fly-fishing instructors and pyscho-social discussions led by professional facilitators. Physical exercise will include fly-casting, extended periods of standing, and fishing in a stream or beside a pond, assisted at all times by experienced guides.

The men are encouraged to participate at their own pace and activity level, with rest periods available whenever needed. All meals, beverages and lodging are provided by Reel Recovery, and dietary restrictions are considered as much as possible.

Please fill out, sign and return this form to the address or email below. If you have any questions, please call the phone number below. Thank you.

Name of participant: _____

Date/Location of retreat:_____

Medications: _____

_____

_____

Allergies: _____

_____

In order to allocate your fishing buddy and fishing location we need to assess your fitness and mobility. On-river fishing may involve walking along riverbank tracks, climbing in out and out of rivers and some wading. We will allocate fishing spots dependent on individual's levels of fitness and mobility. Each participant will have a brief assessment with a health professional prior to being allocated a fishing buddy and fishing spot.

Physical restrictions and/or special needs: _____

_____

_____

95 Howard Rd, Orere Point, 2585: Phone 027 279 7677: info@reelrecovery.org.nz

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Are you able to: *(Tick all applicable)*

- ☐ Walk for a kilometer on a river side path
- ☐ Walk for 500 meters on a river side path
- ☐ Walk 100 meters or less

Would you feel confident wading in a rocky river? (We provide wading staffs).
(please circle your answer)
Yes / No

Would you feel confident climbing down a small bank, with assistance, to get into the river?
(please circle your answer)
Yes / No

Other Medical Conditions: _____

_____

_____

Do you snore? Yes / No
If yes - is it to the extent it would disturb the sleep of someone you were sharing a room with? (You may have to ask your partner or someone else): Yes / No

I believe the above-named patient is a reasonable candidate to participate in a Reel Recovery retreat.

Doctor's Signature: _____ Date: _____

Print name and title: _____ Telephone:_____

Clinic/Practice: _____

Please Scan and Email to: info@reelrecovery.org.nz