DOCTOR REFERRAL LETTER

IMPORTANT GUIDANCE FOR COMPLETING REFERRAL

1. If your patient/client has chronic condition/s, injury rehabilitation needs or four or more risk factors please refer them to a Tier One Provider by completing the referral type check box overleaf.
2. If your patient/client has three or less low level risk factors please refer them to a Tier Two Provider by completing the referral type check box overleaf.

ELIGIBILITY FOR REFERRAL

Anyone over 50 years of age or those over 40 years of age with a disability.

TYPES OF PROVIDERS:

Tier One - Exercise physiologists and physiotherapists
Tier Two - Fitness professionals who have completed the Living Longer Living Stronger™ advanced training course.

Dear **Living Longer Living Stronger Program™ Co-ordinator**,

I am recommending my patient/client undertake a monitored Living Longer Living Stronger™ strength training program that incorporates a progressive resistance format.

PARTICIPANT DETAILS

Title (Miss, Ms, Mrs, Mr): ______________ Name: ______________________________

Address: ____

Suburb: ____________________ Postcode: __________ Phone: ____________________

Date of Birth: ____________________ Age: __________ Gender: ☐ Male ☐ Female

BLOOD PRESSURE

Blood Pressure: ______________________________ Date Tested: ______________________________

MEDICAL CONDITIONS

Please tick the appropriate box(es).

☐ Hypertension	☐ Recent Surgery	☐ Vision Impairment	☐ Heart Disease
☐ Arthritis	☐ Diabetes	☐ Brain/Spinal Injury	☐ High Cholesterol
☐ Neurological disorder	☐ Osteoporosis	☐ Muscular pain	☐ Epilepsy/seizures
☐ Chronic Fatigue	☐ Fall/Poor Balance	☐ Cancer	☐ Broken Bones

HEALTH HISTORY/CURRENT MEDICATIONS

Please attach a summary print out of medical history and current medications. Please elaborate in the notes if required.

NOTES

I Doctor____ authorise ____

To undertake the Living Longer Living Stronger™ program.

Please consider the following when prescribing a training program:

1. ____

2. ____

3. ____

4. ____

5. ____

REFERRAL TYPE (Please tick one box):

☐ **Tier One** - classes provided by Exercise Physiologists and Physiotherapists

☐ **Tier Two** - classes provided by Fitness Professionals who have completed the Living Longer Living Stronger™ advanced training course.

Please tick one of the following regarding your patient's progress:

☐ Yes, I do wish to be kept informed of the client/patient's progress

☐ No, I don't wish to be kept informed of the client/patient's progress

Signature: ____ Date: ____________________

REFERRING ORGANISATION OR CENTRE DETAILS

Name of Medical Centre:
Address of referring Centre:
Name of person referring:
Contact numbers:
Fax number:
Email address:

FOR CLARIFICATION CONTACT

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