

REFERRAL DATE:

PATIENT DETAILS:

Title (please circle): Mr Mrs Ms Miss Other:	
Surname:	Given name:
Address:	Postcode:
Date of Birth:	Sex: Male Female

CLINICAL INFORMATION:

I would like to draw your attention to this patient's current medical condition:

In my opinion, the above patient is suitable to participate in a general exercise program; however, I understand that you will undertake a thorough assessment to ensure your exercise prescription meets their current health needs.

I would like your assistance in developing an appropriate exercise program specific to their current medical, physical or other needs.

I would appreciate a summary of your recommendations being forwarded to me: YES NO

General Practitioner signature:.....

<p>REFERRING GENERAL PRACTICIONER/ NURSE (stamp contact details here):</p>	<p>PROVIDER DETAILS:</p>
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Find an accredited exercise physiologist:

www.essa.org.au

You can also download an electronic file compatible with medical software (rtf) from the ESSA website.