# DOCTOR REFERRAL LETTER

Strength for Life
Live longer, live stronger

Dear **Strength for Life™ Co-ordinator**,

I am recommending my patient/client undertake a monitored Strength for Life™ strength training program that incorporates a progressive resistance format.

**TYPES OF PROVIDERS:**
**Tier One -** Exercise physiologists and physiotherapists
**Tier Two -** Fitness professionals who have completed the SFL™ advanced training course.

**ELIGIBILITY FOR REFERRAL**
Anyone over 50 years of age or those over 40 years of age with a disability.

**INSTRUCTIONS FOR REFERRAL**

1. Those who present with three or less low level risk factors please refer to a Tier Two Provider.
2. Those with chronic conditions, injury rehabilitation needs or four or more risk factors refer to Tier One Provider.

## PARTICIPANT DETAILS

Title (Miss, Ms, Mrs, Mr): _____ Name: _____

Address: _____

Suburb: _____ Postcode: _____

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 Strength for Life™ program.

Please consider the following when prescribing a training program:

1. _____

2. _____

3. _____

4. _____

5. _____

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: _____

## REFERRAL TYPE (Please tick one box):

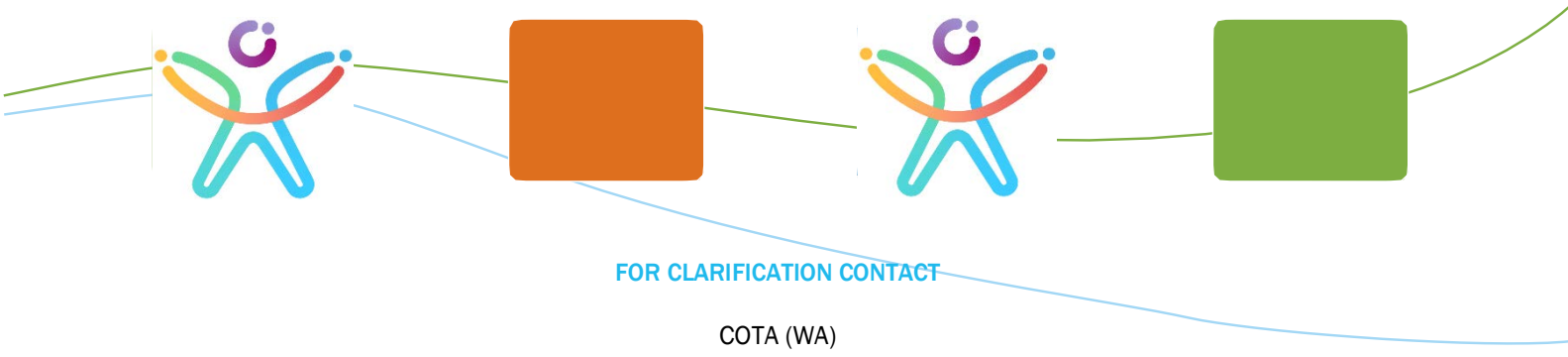
☐ **Tier One** - classes provided by Exercise Physiologists and Physiotherapists

☐ **Tier Two** - classes provided by Fitness Professionals who have completed the Strength for Life™ advanced training course.

☐ **Working Seniors Tier** - for Seniors who need to attend outside standard working hours. Patient must be capable of participating in Tier Two environments without supervision.

## 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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