DOCTOR REFERRAL LETTER

Strength for Life

Dear **Strength for Life Provider**,

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_____ refer _____

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):

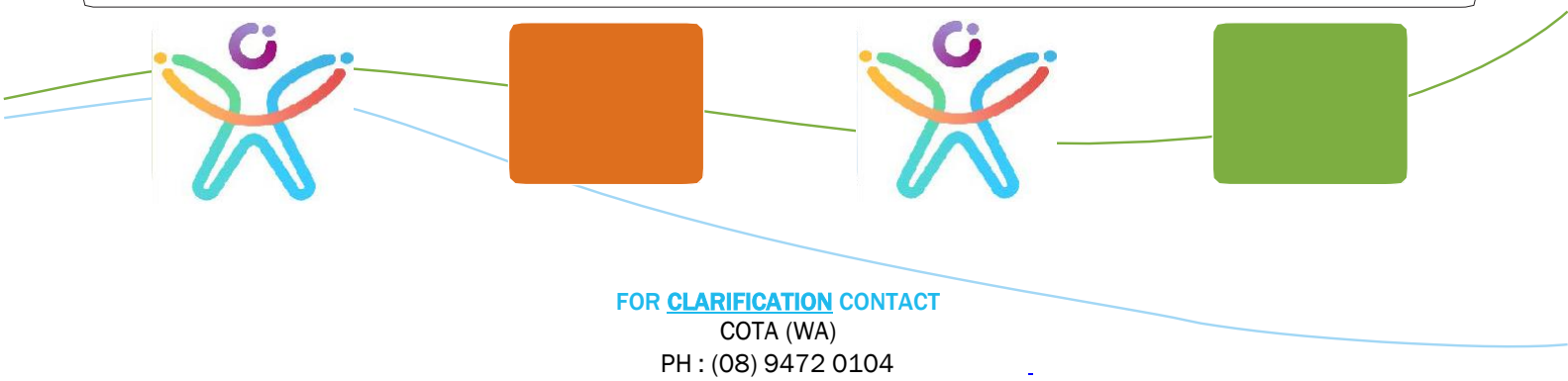
☐ Tier One - classes provided by Exercise Physiologists and Physiotherapists

☐ 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

COTA (WA)

PH : (08) 9472 0104

sfl@cotawa.org.au

Please do NOT fax or email this form to COTA WA – Patient to take to nearest Strength for Life provider