

## Medical Referral Form - Tier 2

Dear Strength for Life coordinator,

I am recommending my patient undertake a supervised Strength for Life Tier 2 program that is individualised and progressive. I understand that this program will involve an accredited fitness instructor with SFL accreditation.

### Client details

Name ..... Date of Birth .....

Address ..... Post Code .....

1. The client has presented with low level of health risk factors or managed conditions:  
Details of conditions/current medication:

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2. Recommendations and goals:

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2. Restrictions:

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### Referral details

Medical Practitioner Name .....

Organisation/Facility .....

Address .....

Phone Number:..... Email:.....

Signature:..... Date:.....