

Referral Form

Patient Name.....

Date of Birth

Dear Medical Professional,

Strength for Life offers supervised exercise programs for older Australians.

Does the patient have any **complex or unmanaged conditions that would require supervision by an Allied Health professional?** ☐ **Yes** ☐ **No**

For this patient's ongoing health to be managed effectively while participating in the program, please provide your clearance to exercise, including any conditions and medications.

Details of considerations and any restrictions:

Recommendations and goals:

Medical Practitioner Name.....

Clinic.....

Phone.....

Date.....

Signature.....