

## SFL MEDICAL REFERRAL FORM - TIER 1

Dear Strength for Life coordinator,

*I am recommending my patient undertake a supervised Strength for Life Tier 1 program that is individualised and progressive. I understand that this program will involve an exercise physiologist or physiotherapist 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/goals/restrictions:

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3. I would like to be kept informed of my client's progress      Yes      No

### REFERRAL DETAILS:

Medical Practitioner Name: \_\_\_\_\_

Organisation / Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Providers Signature: \_\_\_\_\_ Date: \_\_\_\_\_