

## ALLIED HEALTH REFERRAL FORM

### CLIENT DETAILS:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alternative Contact Number: \_\_\_\_\_

1. Regular Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

2. Goals for participating in this program are:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Improve Balance         | <input type="checkbox"/> Increase Fitness       | <input type="checkbox"/> Increase Flexibility |
| <input type="checkbox"/> Increase Social Contact | <input type="checkbox"/> Manage Health Problems | <input type="checkbox"/> Increase Strength    |

3. Does the client have any of the following health conditions?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Asthma                    | <input type="checkbox"/> Neurological Conditions | <input type="checkbox"/> Back Problems     |
| <input type="checkbox"/> High Blood Pressure       | <input type="checkbox"/> Joint conditions        | <input type="checkbox"/> Joint Replacement |
| <input type="checkbox"/> Cardiovascular Conditions | <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Diabetes          |
| <input type="checkbox"/> Osteoporosis              | <input type="checkbox"/> Chronic pain            | <input type="checkbox"/> Falls History     |

4. Current medication? If yes, please list those that may affect client whilst exercising:

\_\_\_\_\_

### REFERRAL DETAILS:

Allied Health Practitioner Name: \_\_\_\_\_

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

I am recommending my client participate in a Strength for Life session: Yes No

Reason for Referral: \_\_\_\_\_

Contraindications: \_\_\_\_\_

\_\_\_\_\_

Recommended strength training exercises/stretchers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that prior to commencing, my client will be prescribed strength training program, based on the health information and exercise therapy assessment provided.

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_