DOCTOR REFERRAL LETTER

Dear **Living Longer Living Stronger Program™ Co-ordinator**,

I am recommending my patient/client undertake a monitored Living Longer Living Stronger™ 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 Living Longer Living Stronger™ 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 three 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

MEDICAL CONDITIONS

Please tick the appropriate box(es). Please elaborate in health history below if you ticked any of the following;

☐ Hypertension
☐ Arthritis
☐ Heart disease
☐ Osteoporosis
☐ Fall/Poor balance
☐ Surgery
☐ Diabetes
☐ High cholesterol
☐ Epilepsy/seizures
☐ Cancer
☐ Vision impairment
☐ Brain/spinal injury
☐ Muscular pain
☐ Broken bones
☐ Heart allergies disease
☐ Medicines
☐ Neurological disorder
☐ Chronic fatigue

HEALTH HISTORY/CURRENT MEDICATIONS

RECOMMENDATIONS

I Doctor____ authorise ____

To undertake the Living Longer Living Stronger™ 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 Provider - Exercise physiologists and physiotherapists

☐ Tier Two Provider - Fitness professionals who have completed the Living Longer Living Stronger™ advanced training course.

REFERRING ORGANISATION OR CENTRE DETAILS

Name of Medical Centre:
Address of referring Centre:
Name of person referring:
Contact numbers:
Fax number:
Email address: