

Medical Referral Form

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 **OR**
- 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**

Contact number:..... **Email address**.....

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 clients progress **Yes** **No**

Referral details

Medical Practitioner Name

Organisation/Facility

Address

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

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