

**Exercise Physiology Referral form: Curtin Clinic**      Date \_\_\_\_\_

**To be filled out by Referrer (GP, Practice Nurse or Allied Health Professional)**

<b>Client Details</b>		
Title: _____	Name: _____	Preferred name/s: _____
Date of Birth: _____	Gender: _____	Aboriginal/TSI: _____
Address: _____		
Home phone: _____	Mobile phone: _____	
Email: _____		
English as second language? _____	Preferred language: _____	Interpreter required? _____
Local Next of Kin name: _____	Relationship to Client: _____	
NOK contact Phone/s: _____	NOK email: _____	

<b>Referred By (must be completed)</b>
Referrer name: _____
Profession: _____
Address: _____
Phone: _____
Email: _____
Signature: _____

<b>General Practitioner (if different to referrer)</b>
GP name: _____
Address: _____
Phone: _____
Email: _____
Signature: _____

**Reason for patient/client referral (please tick):**

- Musculoskeletal Rehabilitation
- Metabolic Management
- Cardiac Rehabilitation

<p><b>Patient/Client relevant past medical history and current medications (including past allied health involvement if known):</b></p>          
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\* Please fill in the below the best that you can. If you do not have this information, please ask the client/patient to bring further information along to their initial appointment with the student Exercise Physiologists

Most Recent Vitals	Results	Date
Height (cm)		
Weight (kg)		
WHR	Waist _____ cm / Hip _____ cm = _____	
Blood Pressure	_____/____ mm Hg Resting HR _____ bpm	
Fasting Blood Glucose	_____ mmol/L	
Total Cholesterol	_____ mmol/L Triglycerides _____ mmol/L	
HDL	_____ mmol/L LDL _____ mmol/L	
HbA1c	_____ %	
Liver Function Testing		
ECG results (if applicable)		

Please indicate below any recommended goals for Exercise Physiology referral

Tick

Health and Physical education	
Advice and support on lifestyle modification/ behavioural change	
Weight Management	please circle (gain / loss / maintenance)
General Physical activity increase	
Specific exercise rehabilitation (please specify)	
Other	

Consent for referral to Clinic obtained?  Yes  No

Please send referrals to:

Curtin Clinics, Cockburn Integrated Health and Community Facility  
PO Box 3057, Success, WA, 3964

Discharge Date: \_\_\_\_\_

OR please email [cockburnclinic@curtin.edu.au](mailto:cockburnclinic@curtin.edu.au) or call 9494 3751