

**GENERAL PRACTITIONER/ NURSE REFERRAL  
FORM**

*Exercise-based programmes for chronic diseases,  
injuries and preventative health programmes.*

**REFERRAL DATE:**

**PATIENT DETAILS:**

<b>Title:</b>	<b>Surname:</b>	<b>Given name:</b>
<b>Address:</b>		
<b>Date of Birth:</b>		<b>Sex:</b>
<b>CLINICAL DETAILS/ MEDICATION:</b>		
<p>I would like to draw your attention to this patient's current medical condition.</p> <p>In my opinion, the above patient is suitable to participate in a general exercise programme. I understand that you will undertake a thorough assessment to ensure your exercise prescription meets their current health needs and approve such testing.</p> <p>I would like your assistance in developing an appropriate exercise programme specific to their current medical, physical or other needs.</p> <p>I would appreciate a summary of your recommendations being forwarded to me:    YES            NO</p> <p style="text-align: right;">General Practitioner signature:.....</p>		

**REFERRING GENERAL PRACTITIONER/ NURSE/PROVIDER DETAILS LISTED BELOW:**

<<Doctor:Name>>  
<<Doctor:Full Address>>  
<<Doctor:Phone>>