

# GP and Health Practitioner REFERRAL FORM

## To enrol into Strength for Life (SFL):

1. Complete and sign the referral form below
2. Take the completed form to your preferred SFL Provider

Referral date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PARTICIPANT DETAILS

Has the participant been previously referred to SFL?  Yes  No

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Female  Male  Other

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Aboriginal or Torres Strait Islander person:  Yes  No Private Health (with Extras):  Yes  No

Concession Card:  Yes  No Commonwealth Support:  Yes  No

If Yes, Type:  DVA  Pension  DSP  Health Care  Seniors  
If Yes, Type:  Aged Care  CHSP  NDIS  Home Care Package

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### PHYSICAL ACTIVITY LEVEL

In the past week, how many days have you done a total of 30mins or more of physical activity, enough to raise your breathing rate?  0  1  2  3  4  5  6  7 Total minutes per week: \_\_\_\_\_

### REFERRAL INFORMATION

Referring GP or Health Professionals name: \_\_\_\_\_

Referring practice: \_\_\_\_\_

Address of practice: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### REASON FOR REFERRING

|                   |
|-------------------|
| Primary Condition |
|-------------------|

Does the patient have: GP Management Plan:  Yes  No Team Care Arrangement:  Yes  No  
CDM referral for Exercise Physiology and/or Physiotherapy:  Yes  No  Unkn

### REFERRAL TYPE

Tier 1 – program delivered by Exercise Physiologist and/or Physiotherapist  Tier 2 – program delivered by a fitness professional who have completed the SFL advanced training course

|   |
|---|
| Consider the following when prescribing an exercise program |
|---|

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### **REFERRAL INFORMATION** (For the list of SFL Providers visit [website page](#))

SFL Provider name: \_\_\_\_\_

Address of Provider: \_\_\_\_\_

### **PARTICIPANT CONSENT**

- Participating in SFL Program is voluntary
- You hereby agree that your record being stored by a SFL Provider to assist in prescribing an appropriate exercise program. Please refer to SFL Provider Privacy Policy for further information.
- SFL Provider are required to securely share your personal information with COTA NSW for the purpose of reporting, auditing, research, evaluation & quality assurance. COTA NSW will keep your personal information confidential and all data collected will be stored in a secure location. Please refer to COTA NSW Privacy Policy available to be access at [www.cotansw.com.au](http://www.cotansw.com.au) for further information.
- Collated and de-identified data (where all of your personal details have been removed) will be provided to the Australian Sports Commission and will be used for the purpose of reporting, auditing, research, and evaluation.
- You understand that you have the right to withdraw consent at any time, without penalty, by requesting that your personal information be deleted by SFL Provider and COTA NSW
- This consent is subject to: 1) the information stored being kept secure & confidential; 2) any information required for a report, audit, research &/or planning being used on an anonymous basis.
- You also understand that it you have a question relating to the security of your personal information you can ask your SFL Provider and Instructor, SFL Program Coordinator or COTA NSW on 02 8268 9602.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

### **GP or HEALTH PRACTITIONER CONSENT**

- I have discussed what the Strength for Life program involves, the benefits and potential risks/discomforts
- I have considered the known medical conditions, and/or signs or symptoms, and carried out further investigation necessary
- I agree, in conclusion with the patient, that they are suitable for an initial assessment and appropriate exercise program

GP or Practitioner signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_