

# MEDICAL CLEARANCE FORM

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

1. Complete and sign the enrolment form
2. Your GP/Allied Health Practitioner completes the Medical Clearance Form
3. Take both completed forms to your preferred SFL Provider

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

## PARTICIPANT DETAILS

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

## REFERRAL INFORMATION

Referring GP or Health Practitioner 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

## 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\_\_\_\_