Practitioner Name

Clinic

Address

Suburb State Postcode

**Referral Date:**

Dear Practitioner Name,

**Re: Client Name:** Insert Client Name

 **Client Address:** Insert Client Address

 **Client DOB:** Insert Client DOB

My/our client Insert Client Name has presented to our business/service/facility with the goal of XYZ.

Client’s Name’s information and measurements recorded during pre-exercise screening include the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Physical Activity level** | **Sessions / week** |  | **Notes:*** *Include bullet point details of any signs or symptoms of cardiovascular, metabolic or respiratory disease, or other medical issues identified in APSS results.*
* *Attach copy of completed APSS tool*
* *Include any details of other practitioners treating the client*
 |
| **Minutes / week** |  |
| **Intensity (low/mod/high/ vig)** |  |
| **Resting HR** |  |
| **Resting BP** |  |
| **Weight** |  |
| **BMI** |  |
| **Waist Circ** |  |

In response to his/her screening results I am requesting your guidance in relation to Client’s Name’s condition to enable me/us to ensure delivery of a safe and effective exercise program.

Based on Client’s Name’s goals, I/we intend to have him/her commence an exercise program consisting of the following:

*Describe the intended program focus in brief (1-2 sentences) – e.g. strength / cardio based program; group vs 1:1*

Please assess Client’s Name’s condition and indicate any recommendations you may have in relation to his/her exercise program, including specific activities he/she cannot or should not be undertaking at this time, or other relevant notes.

|  |
| --- |
|  |

I/we will keep you informed of Client’s Name’s progress and any major changes in his/her condition. To acknowledge you have received this referral, please complete this section:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date Referral received:** |  | **Status of Referral:**\*please describe action required in notes | **Complete** | **Incomplete\*** |
| **Practitioner Name:** |  | **Contact person for follow up:**\*\*please provide new contact details in notes | **As above** | **New contact\*\*** |
| **Practitioner Title:** |  | **Notes:** |
| **Practitioner Signature:** |  |

*Please include in notes any instructions you may have regarding follow up or progress reporting.*

I/we welcome any advice you feel necessary and can be contacted by phone <123456789> during <provide best contact hours> or email <email address> anytime.

|  |  |
| --- | --- |
| **Client Consent:** | I give my permission for Professional/Business to communicate with the referring Practitioner and/or my GP regarding my health status and my progress relating to my exercise program. |
| **Client Name:** |  |
| **Client Signature:** |  | **Date:** |  |

Your Sincerely,

*Signature*

Contact Name

Business Name

Phone: Your Phone Number

Email: Youremail@address.com

Postal Address

Suburb State Postcode

Business/Facility Opening Hours