

GP referral form



Your Patient is a member of The Forum. In response to his/her screening results we are requesting your guidance in relation to their condition to enable us to ensure delivery of a safe and effective exercise program.

We would be appreciative if you could complete the following referral.

Please feel free to contact us on 4921 7001 if you would like to discuss this request. Thank you for your time and assistance

Patient Details	Practitioner Details
Name:	Name:
Date of Birth:	Phone Number:
Gender: Male / Female	Address:

Patient Summary	
Current Physical Activity Level	
Resting Heart Rate	
Resting Blood Pressure	
Weight	
Waist Circumference	

I recommend full participation in an Exercise Program. YES NO

I recommend a maximum training heart rate of - _____ BPM / or _____ % HR max

*I recommend a **low (15 rep +)**, **medium (12-15 rep)**, **high (<12 rep)** resistance training intensity. (*Circle appropriate)

I would recommend the following restrictions:

Practitioner Signature: _____

GP STAMP

Date: _____

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