

Victoria University Clinical Exercise and Rehabilitation (VUCER)

Medical referral

To be completed by your Medical Practitioner (GP)

To be completed by a medical practitioner for clients who are:

Over the age of 40, or

Under the age of 40 and have cardiovascular risk factors or other chronic condition/s.

In other medical conditions, if deemed appropriate, a medical referral from your GP/Specialist prior to your participation may be required.

If available, please provide copies of recent medical tests and current medications (e.g. ECG, blood test, etc.)

Medical Practitioner summary

If available, please provide copies of recent medical tests and current medications (e.g. ECG, blood test, etc.)

Name of client:

Age:

When was the last stress test with ECG monitor?

Date:

Does this patient have a specific HR limit?

HR limit:

a. Comments (detail any significant abnormalities, reservations or precautions):

b. Recommendations:

Fit to undergo maximal exercise test

Fit to undergo sub-maximal exercise test

Not fit to undergo any exercise test

Signature of Medical Practitioner (GP)

Name:

Date:

Signature:

Contact telephone number

Work phone: