

Victoria University Clinical Exercise & 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 for:

Name of client:

Age:

Address:

Postcode:

Email:

Mobile:

Please list all past or present illness and surgeries/injuries**Please list all current medications****Please list any allergies**

For Patients with cardiac conditions

Blood Pressure Reading:

BP:

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:

Safe to undergo supervised exercise

Fit to undergo maximal exercise test (i.e Repetition Max Testing)

Fit to undergo sub-maximal exercise test (i.e 6MWT, Bruce Treadmill, 30s Sit to Stand, 30s Bicep Curl test)

Not fit to undergo any exercise test

All testing and exercise are based on evidence-based practice and following Exercise Sport Science Australia (ESSA) Guidelines with students under the supervision of Accredited Exercise Physiologist.

Signature of Medical Practitioner (GP)

Name:

Date:

Signature:

Contact telephone number

Work phone: