

Patient Details

Name: _____ D.O.B: _____

Medical history: _____

Current medications: _____

Other: *List any additional factors impacting on this patients capacity to undertake exercise:* _____

Diagnostic Tests

Recent blood tests: No Yes Date / / Results attached

Previous exercise stress test: No Yes Date / / Results attached

Other: _____ Results attached

Referral instructions: _____

Referrer details

Name: _____ Phone: _____

Signature: _____ Date: _____

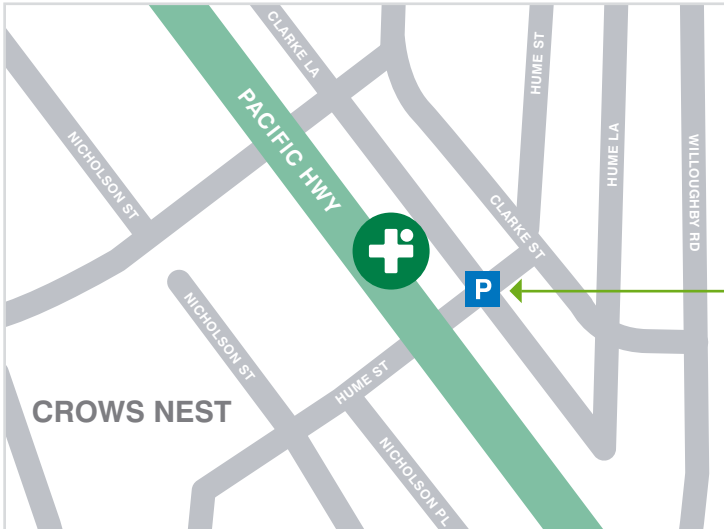
If you require further information relating to suitability for exercise please contact the Clinic.

The Exercise Clinic

Level 2, 511 Pacific Highway
Crows Nest, NSW 2064
P: (02) 9439 9773 F: (02) 9439 9775
E: admin@theexerciseclinic.com.au

New Pad Required

Location



A multi-storey council car park is located in Hume Street, Crows Nest

What to bring?

- + Referral form or Enhanced Primary Care Plan completed by your medical doctor
- + List of your current medications and dosages
- + Relevant blood test and/or scans results
- + Comfortable clothing (e.g. track pants, shorts) and walking/exercise shoes.
The assessment will involve light to moderate walking or cycling exercise. We have showers and change rooms if you need to freshen up after your appointment
- + Avoid eating a large meal or drinking coffee 2 hours prior to your appointment, where possible