

GP EXERCISE REFERRAL SCHEME

Location: Sutherland Leisure Centre - Cor Phys Allied Health

Contact:

Phone: 02 9618 7327 | 0432 898 222

Fax: 02 8365 3219

Email: admin@corphys.com.au

A) REFERRAL REASONS

Medical/Health Conditions

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Metabolic | <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Cardiovascular |
| <input type="checkbox"/> Neurological | <input type="checkbox"/> Psychological | <input type="checkbox"/> Other |

Please Specify _____

Referral Details

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Private | <input type="checkbox"/> Medicare (CDM/EPC) | <input type="checkbox"/> DVA (D904) |
| <input type="checkbox"/> Workcover/CTP | <input type="checkbox"/> Third Party / Life | <input type="checkbox"/> Other |

B) PATIENT HEALTH STATUS

PATIENT DETAILS

Name:

Address:

Phone:

Weight: Height: Waist:: BP:

DETAILS OF PATIENT'S GP (Referring Doctor)

GP Name:

Practice Address:

Phone: Fax:

MEDICATIONS

ALLERGIES

COMMENTS *INC. MEDICAL, FAMILY, SOCIAL HISTORY, OTHER*

C) GP SIGNATURE

- I have explained the steps, benefits and risks involved with exercise, and the patient has agreed to proceed with the GP Exercise Referral Scheme (GPERS) program.
- I have checked the list of contraindications or excluded conditions and deemed the patient's health condition as safe to undertake the GPERS program.

GP Signature

Date

C) PATIENT CONSENT AND PROGRAM INFORMATION

I (name of program participant) hereby agree to some of my baseline physiological measures being passed from my GP/Practice Nurse to appropriate staff and vice versa. I acknowledge that this information will be used for assessment purposes only and that they will be kept securely confidential at all times by all participating organisations.

I also understand and acknowledge the following;

- I am the owner of my data, have the right to withdraw consent and have access to my patient records at any time.
- I understand that I am free to withdraw my consent and discontinue participation in the program at any time without prejudice.

My GP has explained the purpose of this program and I understand that if I have any questions relating to the program I can ask my doctor or contact the GPERS exercise physiologist.

Participant/Patient/Carer Signature

Date

INFORMED CONSENT

Program participants are also informed that there is some increased risk associated with participation in physical activity. All activity will be prescribed by appropriately qualified staff. If you feel any chest pains, nausea, dizziness or feel faint whilst exercising, please STOP all activity and inform a staff member immediately.

CONTRAINDICATIONS TO EXERCISE - EXCLUDED CONDITIONS

Please be aware that the list below details conditions that are contraindicated in exercise and are not suitable for referral into the GP Exercise Referral Scheme (GPERS) program.

Complicated acute myocardial infarction (within 3 months)	Uncontrolled symptomatic heart failure	Untreated high-risk proliferative retinopathy
Unstable angina	Severe and symptomatic valvular stenosis or regurgitation	Uncontrolled diabetes (BGL's above 15mmol/L / unstable BGL's)
Untreated heart failure or cardiomyopathy	Acute thrombophlebitis or intracardiac thrombi	Uncontrolled hypertension
Acute myocarditis or pericarditis	Acute pulmonary embolus or pulmonary infarction	Chest discomfort
Suspected or known dissecting aneurysm	AICD (Automatic implantable cardioverter defibrillator)	Severe aortic stenosis
Shortness of breath on low exertion		Resting heart rate >100 bpm.
Uncontrolled cardiac arrhythmias		Acute infections/fever

REFERRAL INFORMATION

The patient needs to contact the Exercise Physiologist to arrange an appointment as soon as possible. Please inform your patient to take a copy of the referral form with them to their appointment with the Exercise Physiologist for an assessment before the program starts.

Please note fee schedule may change with each new financial year so please ask your patient to contact the provider for current prices.

PLEASE PROVIDE COPY FOR PATIENT TO TAKE TO INITIAL APPOINTMENT & KEEP ORIGINAL ON FILE