

# Integrated Physical Performance ABN 47 682 176 253

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## Exercise Physiologist Patient Referral Form

### Patient details Mr/Mrs/Miss/Ms

Surname \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Telephone \_\_\_\_\_

Primary condition (please check the appropriate box)

Pulmonary	Cognitive / Psychological	Immunological / Haematological	Orthopaedic
Asthma	Alzheimers	Cancer	Neck
COPD	Depression	HIV / Aids	Shoulder
CRPD	Anxiety	Organ t/plant	Elbow
CF	Bipolar	CFS	Wrist
Other	PTSD	Fibromyalgia	Low back
	Other	Anaemia	Hip
		Other	Knee
			Ankle
Cardiovascular	Metabolic	Neurological	Osteoarthritis
CHF	Diabetes	Stroke	Osteoporosis
Angina	Renal failure	MD	Spondylarthropies
AMI	Liver failure	Epilepsy	Other
Hypertension	Obesity	MS	
CAD	Dyslipidaemia	CP	
PAD	Other	Parkinsons	
Other		Other	

Relevant clinical details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring Doctor

\_\_\_\_\_

Please sign below

\_\_\_\_\_

Please place practice stamp here

## **Notes for the patient**

- Please call at your earliest convenience for an appointment.
- Consultations are approximately 60 minutes in duration
- The standard consult fee as at 01/06/2009 is \$70.00. This is subject to change without notice.
- All accounts are to be paid on the day of the consultation. Payment may be accepted by cash, cheque or EFTPOS.
- If you intend claiming a rebate from your private health fund, please contact your fund to ensure your eligibility to claim for Exercise Physiology services.