



Exercise Physiology Referral Form

Please fill out this form to refer a patient for exercise physiology services.

Patient's Full Name

First Name

Last Name

Patient's Date of Birth

Email

DD-MM-YYYY



Date

example@example.com

Phone Number

,

Please enter a valid phone number.

NHI No.

eg. ABC123

Does this patient have absolute contraindications?

- ☐ A recent change in resting ECG
- ☐ Unstable coronary artery disease
- ☐ Uncontrolled arrhythmias or compromised hemodynamic response
- ☐ Acute pulmonary embolus
- ☐ Acute pericarditis or myocarditis
- ☐ Suggested dissecting aneurysm
- ☐ Acute infection

Does this patient have any relative contraindications?

- ☐ Left main artery stenosis
- ☐ Moderate valvular stenosis
- ☐ Electrolyte abnormalities
- ☐ BP 200/120mmHg
- ☐ Tachy or bradyarrhythmia
- ☐ Hypertrophic cardiomyopathies
- ☐ Neuromuscular or rheumatoid disorders exacerbated by exercise
- ☐ High degree AV block
- ☐ Ventricular aneurysm
- ☐ Uncontrolled metabolic disease

Referral details

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Treatment Plan, Medication, Known Contraindications

Specific Exercise Rx

- ☐ Aerobic Capacity
- ☐ Pain Management
- ☐ Range of Motion Rehabilitation
- ☐ Resistance Training
- ☐ Treatment Tolerance
- ☐ Stress Management
- ☐ Other

Referring Specialist

First Name

Last Name

Referring Specialist's Email

example@example.com