

Doctor Referral Letter

Shire of Donnybrook Balingup 2026-2027 – September 2026



Dear Lifestyle Fitness Instructor,

I recommend that my patient undertake a monitored lifestyle fitness training program incorporating strength, balance and mobility in a lifestyle medicine format.

TYPES OF PROVIDERS

Tier One	Tier Two
Exercise physiologists and physiotherapists.	Registered fitness professionals specialised in working with older adults.
Patients with chronic conditions, injury rehabilitation needs or four or more risk factors.	Patients who present with <u>three or fewer</u> low-level risk factors.

ELIGIBILITY FOR REFERRAL

Anyone over 50 years of age or those over 40 years of age with a disability.

PARTICIPANT DETAILS

Title:	Full Name:		
Address:	Suburb:		Postcode:
DOB:	Age:	Gender:	
Blood Pressure:		Date Tested:	

MEDICAL CONDITIONS

☐ Hypertension	☐ Recent Surgery	☐ Vision Impaired	☐ Heart Disease
☐ Arthritis	☐ Diabetes	☐ Brain/Spinal Injury	☐ High Cholesterol
☐ Neurological	☐ Osteoporosis	☐ Muscular Pain	☐ Epilepsy/Seizures
☐ Chronic Fatigue	☐ Fall/Poor Balance	☐ Cancer	☐ Broken Bones

HEALTH HISTORY/CURRENT MEDICATIONS

Please attach a printed summary of the medical history and current medications. If necessary, please elaborate in notes.

NOTES



Doctor Referral Letter

Shire of Donnybrook Balingup 2026-2027 – September 2026



REFERRAL

I DR. _____ refer _____
to undertake the Lifestyle Fitness program. Please consider the following when prescribing a training
program:

1. _____

2. _____

3. _____

4. _____

5. _____

Please tick on of the following regarding your patient's progress:

☐ Yes, I do wish to be kept informed of the client/patient's progress

☐ No, I do not wish to be kept informed of the client/patient's progress

Signature: _____

Date: _____

REFERRING ORGANISATION

Name of Medical Centre: _____

Address of referring Centre: _____

Name of person referring: _____

Provider Number: _____

Contact Number: _____

Fax Number: _____

Email Address: _____

Collection Notice:

The Shire of Donnybrook Balingup collects personal information and, where necessary, sensitive personal information to administer recreation centre memberships, programs, bookings, health and safety requirements and participant welfare. Information may be disclosed to authorised Shire employees, contractors, emergency services, insurers and other organisations where required for these purposes or by law. Failure to provide requested information may affect participation in recreation services or programs. For privacy enquiries, please contact the Shire's Privacy Officer.

OFFICE USE ONLY

Received By: _____

Date: _____

Amount Paid: _____

Commences: _____

Notes: _____

