Doctor Referral Letter

Shire of Donnybrook Balingup 2025-2026

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

Exercise physiologists and physiotherapists.

Patients with chronic conditions, injury rehabilitation needs or four or more risk factors.

Tier Two

Registered fitness professionals specialised in working with older adults.

Patients who present with three or fewer 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 (Miss, Ms, Mrs, Mr):_____Name:_____

Address:_____

Suburb:_____Postcode:_____

Date of Birth:_____Age:_____Gender: ☐ Male ☐ Female

Blood Pressure:_____ Date Tested:_____

MEDICAL CONDITIONS

☐ Hypertension	☐ Recent Surgery	☐ Vision Impairment	☐ Heart Disease
☐ Arthritis	☐ Diabetes	☐ Brain/Spinal injury	☐ High Cholesterol
☐ Neurological disorder	☐ 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 the notes.

NOTES

(08) 9731 1822 www.donnybrook-balingup.wa.gov.au recreation.centre@donnybrook.wa.gov.au 15/17 Steere St, Donnybrook, 6239

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REFERRAL

I Doctor_____refer_____

To undertake the Lifestyle Fitness program.

Please consider the following when prescribing a training program:

1:_____

2:_____

3:_____

4:_____

5:_____

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

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

☐ No, I don't want 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: _____

OFFICE USE ONLY

Received By:	Date:
Notes:	

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