

**Patient Details**

Name \_\_\_\_\_  
 D.o.B \_\_\_\_\_  
 Home Ph \_\_\_\_\_  
 Mobile Ph \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Email \_\_\_\_\_

**Referrer Details**

Name \_\_\_\_\_  
 Provider Number \_\_\_\_\_  
 Clinic Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

Health Care or Concession Card?  Yes  No  
 Aboriginal Descent?  Yes  No  
 Torres Strait Islander Descent?  Yes  No  
 Culturally and Linguistically Diverse Background?  Yes  No

**Please consider for:**

Cardiovascular  Ischemic Heart Disease  Heart Failure  Hypertension  Other  
 Pulmonary  Asthma  COPD  Other  
 Diabetes  Type 1  Type 2  
 Mental Health  Anxiety Disorders  Depression Disorders  Other  
 Musculoskeletal  OA  RA  Osteoporosis  Fibromyalgia  Other  
 When was client diagnosed  < 1yr  1-5 yrs  6-10 yrs  11 yrs or >  Unknown  
 GPMP/TCA in the last 12 months  Yes  No  Unknown

**Additional Information (e.g. Non-ambulant, home oxygen)**

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**Please attach recent health summary**

If you wish to discuss a patient's suitability or require any further information  
 please contact the SIS Coordinator on 03 5348 2227 or 0488 313 151  
 Please fax referral to SIS Coordinator on 03 5348 1447

Meets eligibility criteria for community-based program (see overleaf)  Yes  No  
 SIS Wellness Program discussed and client motivated and willing to attend a 8 week program  Yes  No  
 The above patient is medically suitable to attend a fitness program independently  Yes  No

Yours sincerely,

Signature

Date

### The program will run over 8 weeks:

- The program will include an initial assessment, 2 group exercise sessions per week and 1 education session per week. The exercise sessions are run by an Exercise Physiologist and the education sessions are delivered by Allied Health. An evaluation will take place at week 8 to determine progression of participant and assess if participant would like to continue into the optional 6 week maintenance program.

Classes are conducted by a senior Exercise Physiologist in a community setting such as fitness and recreation centres. In the event of a medical emergency, basic life support and summoning of an ambulance is initiated by the Exercise Physiologist.

It is a condition of the funding agreement that a client fee be charged, however, no client is to be excluded due to inability to pay, see patient information sheet for details. The SIS coordinator/Exercise Physiologist will discuss fees and transport with clients at initial assessment and determine the fee payable by participants.

### Inclusion Criteria

- Pulmonary Disease - COPD, Asthma or other chronic respiratory condition without acute illness
- Cardiovascular Disease - Ischemic Heart Disease, Heart Failure, Hypertension or other risk factors
- Diabetes
- Mental Health – Depression disorders and Anxiety disorders
- Musculoskeletal – Osteoarthritis, Rheumatoid arthritis, Osteoporosis and Fibromyalgia
- Motivated and willing to partake in 8 week program.
- Independently mobile (can have mobility aid)
- Oxygen dependent participants can be included

### Exclusion Criteria

- Unstable Angina &/or Unstable IHD &/or Unstable Heart Failure
- Severe aortic stenosis
- Un-investigated arrhythmias
- Abnormal physiological response to exercise testing
- Poorly controlled diabetes - Discuss
- Complex congenital heart disease
- Significant musculoskeletal or neurological condition limiting ability to exercise - Discuss
- Any acute disorder that may affect exercise performance or be aggravated by exercise (eg. Infection, renal failure)

Clients with severe or complex cardiac disease should be referred to a hospital-based cardiac rehabilitation program.