

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:**

**Balance issues or diagnosed condition**

- history of falls or is falls risk
- sensory deficit / peripheral neuropathy
- history of dizziness or light-headedness
- fear of falling or low confidence
- using gait aid
- history of legs giving way or collapsing
- diagnosed vestibular condition
- visual impairment
- other balance impairment

**Additional Information (e.g. polypharmacy, Parkinson's disease)**

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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 Springs Medical Exercise Physiologist Jake Dwyer 0493 127 779  
 Please fax referral to Jake Dwyer on 03 5348 1447**

Meets eligibility criteria for community-based program (see overleaf)  Yes  No  
 Falls & Balance Clinic discussed and client motivated and willing to attend a 4 week program  Yes  No  
 The above patient is medically suitable to attend a fitness program independently  Yes  No

Yours sincerely,  
**Signature**

**Date:**

● 10 Hospital Street  
 Daylesford 3460  
 t:03 5348 2227  
 f:03 5348 1447

● 22 Victoria Street  
 Trentham 3458  
 t: 03 5424 1602  
 f: 03 5424 1851

● 89 Piper Street  
 Kyneton 3444  
 t: 03 5422 1298  
 f: 03 5422 1307

### The program will run over 4 weeks:

- The program will include an initial assessment, 2 group exercise sessions per week. The exercise sessions are run by an Exercise Physiologist. An evaluation will take place at week 4 to determine progression of participant and assess if participant is appropriate to discharge or re-enrol for another 4 weeks
- Classes are conducted by an Exercise Physiologist at Springs Medical Daylesford Clinic. In the event of a medical emergency, basic life support and summoning of an ambulance is initiated by the Exercise Physiologist.
- This service is run by Springs Medical and not supported by additional funding, it is therefore very difficult to subsidise or reduce costs to the patient.

### Inclusion Criteria

- Diagnosed balanced/vestibular condition or condition that disturbs balance
- History of falls
- falls risk with fear of falling or reduced confidence

### Exclusion Criteria

- Unstable Angina &/or Unstable IHD &/or Unstable Heart Failure
- Severe aortic stenosis
- Un-investigated arrhythmias
- Abnormal physiological response to exercise testing
- 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)

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