|  |  |
| --- | --- |
| Patient Details | Referrer Details |
| Name | Name |
| D.o.B | Provider Number |
| Home Ph | Clinic Name |
| Mobile Ph | Address |
| Address |  |
|  | Phone |
| Mailing Address | Fax |
| Email |  |
| 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?  GPMP/TCA in the last 12 months | |  < 1yr  1-5 yrs   Yes  No | |  6-10 yrs   Unknown |  11 yrs or >  Unknown |

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

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 an 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 centers. 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.