

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 and Other Risk Factors

Pulmonary Asthma - Current action Plan: Yes No COPD - Current action Plan: Yes No

Diabetes Type 1 Type 2

Mental Health Anxiety Disorders Depression Disorders

Musculoskeletal Osteoarthritis Rheumatoid arthritis Osteoporosis Fibromyalgia

Cancer Type:

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

COPD/Asthma Action Plan Yes No Unknown

Additional Information (e.g. Cardiac risk factors, 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 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.