



# EXERCISE PHYSIOLOGY REFERRAL FORM

Patient's Name \_\_\_\_\_ Patient's Contact No. \_\_\_\_\_

Patient's Address \_\_\_\_\_

Diagnosis \_\_\_\_\_

\_\_\_\_\_

Treatment Required \_\_\_\_\_

\_\_\_\_\_

## WORKCOVER

### Injury Rehabilitation

- Exercise Physiology Management Plan (EPMP)
- Exercise Rehabilitation
- Work Conditioning Program
- Gym Based Rehabilitation
- Strengthening Program
- Hydrotherapy

## MEDICARE

### Chronic Disease Management

- Enhanced Primary Care (EPC) Treatment  
No. of Referred Sessions \_\_\_\_\_
- Type 2 Diabetes Treatment
- Department of Veterans' Affairs Treatment (DVA)
- Seniors Program
- Other \_\_\_\_\_

Special Instructions/Precautions \_\_\_\_\_

\_\_\_\_\_

Referred by (Name) \_\_\_\_\_

Address \_\_\_\_\_

Contact No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## DOCTORS

To submit referral please fax with attachments to **02 8282 6380**

## PATIENTS

For ALL appointments please phone **1800 ONTRAC**