

YARRA Client exercise LEISURE referral form



Exercise Referral Form

Client name:

Email address:

Phone number:

D.O.B: / /

Exercise History:

Please describe the clients current exercise routine (if any) and any previous experience with strength training or cardiovascular exercise

Fitness Goals:

Please describe the clients current health and fitness goals. E.g.. increased strength, improved cardiovascular fitness.

Injuries and limitations:

Is your client currently experiencing any injuries, pain or discomfort that might affect their ability to exercise?

Specific exercise prescriptions:

Please provide where possible recommended exercises, loads, range of motion guidelines and heart rate training zones for your client to safely participant in a resistance and/or cardiovascular training program.

Exercise restrictions:

Please provide where possible recommended exercises, loads, range of motion guidelines, and heart rate training zones for your client to safely participant in a resistance and/or cardiovascular training program.

Please list any other conditions or restrictions not listed above which may affect your clients ability to safely undertake a resistance and cardiovascular gym training program.

*Please note Yarra Leisure Gym Instructors are not allied health professionals or rehabilitation specialists and are unable to prescribe rehabilitation exercises.

Health Professionals clearance:

I am aware my client the above-named person will be undertaking a gym training program which incorporates both resistance and cardiovascular training components. The above-named person is considered by me to be medically fit and suitable for a resistance and cardiovascular gym training program.

Health Professional - Full name (please print)

Health Professional - Title (GP, Physio, Surgeon, EP, etc.)

Health Professional - Signature

Telephone:

Date:

Address:

Please bring this completed form with you to your gym consultation.

Privacy Notice: Yarra City Council is collecting the health information requested on this form for the purpose of administering your membership/enrolment. Council will use the health information solely for this primary purpose or directly related purposes. Council may disclose this information in the event of an emergency. You may access this information and correct it if necessary, by contacting the centre.

Please consult with your primary care physician before starting any new exercise program. This referral form is intended to facilitate communication between health professionals and should not be considered a substitute for professional medical advice or treatment.