

GP REFERRAL FORM



Dear Doctor

Mr/Mrs/Miss/Ms

wishes to commence an exercise programme

with a Phytness personal trainer.

On initial screening Mr/Mrs/Miss/Ms

admitted the following:

- I have a heart condition and/or have been recommended only medically supervised activities.
- I have chest pain brought on by physical activity.
- I have developed chest pain in the last month.
- I have a joint problem that could be aggravated by physical activity.
- I have Diabetes.
- A doctor has recommended medication for my blood pressure or a heart condition.
- I suffer from breathlessness after slight exertion.
- I am currently pregnant or there is a possibility that I might be.
- Other:

We do not wish this client to exercise if it may be unsafe to do so. Therefore, we would like your advice on the suitability of this client to begin an exercise programme.

Thanking you in advance for you for your assistance in this matter.

Kind regards,

Phytness Personal Trainer.

FROM:

DR.

PRACTICE ADDRESS:

I believe the aforementioned may exercise without any restrictions:

I believe the aforementioned may not exercise at this time:

I believe the aforementioned may exercise but urge caution with:

NAME:

SIGNATURE:

DATE: