

Heart Strong Fitness Referral Form

Please include any recent testing results and records (ie discharge summary, ECG, lipids, Holter, Echo, MIBI, stress test, Framingham score, spirometry or PFT) to assist in risk stratification and exercise prescription.

Fax or email completed form to: FAX NUMBER: 250-923-9194 sarah@heartstrongfitness.com

Client Information

Last Name: _____ First Name: _____ DOB: (yyyy/mon/dd) _____

Address: (street, city, province, postal code) _____ Telephone Number: _____

_____ Alternate Telephone Number: _____

Email Address: _____ Allergies: _____

Alternate Contact Name: _____ Phone: _____

Family Physician: _____ Specialist: _____

Client Medical Information (completed by physician)

Primary Diagnosis and Severity of Disease: _____

Cardiovascular Risk Factors:

- | | | |
|--|---|---|
| <input type="checkbox"/> Tobacco use | <input type="checkbox"/> ETOH | <input type="checkbox"/> |
| <input type="checkbox"/> Excess Weight | <input type="checkbox"/> Diabetes or Pre-Diabetes | <input type="checkbox"/> Inactivity |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Abnormal Lipid Levels | <input type="checkbox"/> Anxiety/Depression |

Secondary/Other Diagnosis: _____

Activity Limiting Factors or Contraindications: _____

Clients must be medically stable and will be given an individualized exercise program based on initial assessment (previous functional stress test to prescribe target heart rates) and/or 6 minute walk test and rating of perceived exertion. Exercise prescription by a Certified Exercise Physiologist will include all or some of the following: cardiovascular exercise, resistance training, balance and functional training and stretching, unless limitations are suggested:

_____ (eg: ceiling HR max) _____

Referring Physician Name: _____ Physician Signature: _____ Date: _____

Client Release of Information Authorization

I hereby authorize release of my medical records to Heart Strong Fitness by my physician or hospital.

Patient Name: _____ Patient Signature: _____