Strength for Life

COTA SOUTH AUSTRALIA

Referral Form

Patient Name.....

Date of Birth.....

Dear Medical Professional,

Strength for Life offers two levels of individualised and progressive training:

- **Tier 1 involves a Strength for Life qualified Allied Health Professional**
- **Tier 2 is supervised by a Strength for Life qualified Fitness Professional**

Does the Patient have any complex or unmanaged conditions that would require supervision by an Allied Health Professional? ☐ **Yes** ☐ **No**

For this Patient's ongoing health to be managed effectively while participating in the program, please provide your clearance to exercise including conditions and medications.

Details of considerations and any restrictions:

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Recommendations and goals:

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Medical Practitioner Name.....
Clinic.....
Phone.....
Date.....
Signature.....