

# Health Care Professional Referral form

(to be completed and signed by a Healthcare Professional)

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Please provide details on conditions & special considerations in each health category where applicable.

## Program:

- Durham Dance For Parkinsons     Respiratory & Cardiac Maintenance  
 Time     Total Knee

<b>Cardiovascular:</b>
<b>Musculoskeletal:</b>
<b>Respiratory:</b>
<b>Other:</b>
<b>Medications</b> (Please list or attach a printed list of your patients current medications)

## PARmed-X Physical Activity Readiness Convatance Referral Form

Based upon a current health status review of , \_\_\_\_\_ I recommend:

- No Physical Activity  
 Progressive physical activity \_\_\_\_\_  
 With avoidance of \_\_\_\_\_  
 With inclusion of \_\_\_\_\_  
 Unrestricted physical activity-start slowly and build up gradually.

\_\_\_\_\_  
Health Care Professional

\_\_\_\_\_  
Date

Please send this completed form to:  
Abilities Centre, 55 Gordon Street, Whitby ON L1N 0J2  
postrehab@abilitiescentre.org | Fax: 289-278-4418