

MacSeniors Exercise and Wellness Program Physician Referral Form

For completion by Referring Physician

As an entry requirement of the program, I have referred my patient for a cardiopulmonary exercise test. (Requisitions can be sent to McMaster University Medical Centre Cardio-Respiratory Unit, Phone: 905-521-5021, Fax: 905-521-2635, or another facility of your choosing). I have reviewed the results and the patient is clear to exercise. Based on a recent review of this patient's health, I wish to refer my patient to the MacSeniors Exercise and Wellness Program, which includes a physiotherapy assessment, as well as aerobic and resistance exercise. Limitations include:

Certification Statement: I have received authorization from this patient to release the information below and to permit the staff of the McMaster Physical Activity Centre of Excellence to contact him/her directly for follow-up.

Name of Referring Physician: _____ **Telephone:** _____

Physician Signature: _____ **Date:** _____

Patient Information

Name: _____ **Date of Birth (MM/DD/YY):** _____

Telephone: _____ **Diagnosis:** _____

Please check if present: Dyslipidemia Hypertension Diabetes Smoking
 Family History Depression/anxiety Stress Obesity

Please return form to:

McMaster Physical Activity Centre of Excellence (PACE)
McMaster University, Ivor Wynne Centre, Room E114
1280 Main Street West
Hamilton, Ontario L8S 4L8
Phone: 905-525-9140, ext. 27223
Fax referral form to: 905-525-7629

