

## MacSeniors Exercise and Wellness Program Physician Referral Form

### For completion by Referring Physician

I wish to refer my patient to the MacSeniors Exercise and Wellness Program, which includes a physiotherapy assessment, and progressive exercises designed to improve fitness and increase strength. Based on a recent review of this patient's health, including: i) the individual's current level of physical activity, ii) presence of signs or symptoms and/or known cardiovascular, metabolic, or renal disease, and iii) desired exercise intensity:

- This patient is clear to exercise without a diagnostic exercise test.
- This patient requires a diagnostic exercise test prior to initiating the exercise 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.

**Certification Statement:** I have received authorization from this patient to release the information below and to permit the McMaster Physical Activity Centre of Excellence staff 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:**  Depression/Anxiety     Hypertension     Diabetes     Smoking  
 Physical Inactivity     Family History of CVD     Dyslipidemia     Stress     Obesity

Physical activity limitations include: \_\_\_\_\_

**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

