Vida Wellness and Rehabilitation
P: 1300 890 507
F: (07) 5302 0730
W: vidawellness.com.au

EXERCISE PHYSIOLOGY REFERRAL

PATIENT DETAILS

Name: _____

DOB: _____

Address: _____

Telephone: _____

DVA Card No: _____ Gold ☐ White ☐

Medicare No: _____

Private Health Insurance: Yes ☐ Fund: _____ Number: _____ N/A ☐

Is this a Workcover Referral: **No** ☐ **Yes** ☐ **If yes, Claim Number:** _____

CURRENT MEDICAL CONDITIONS

PLEASE NOTE: this section must be filled out. Please add as much relevant information as possible.

- ☐ Osteoarthritis
- ☐ Osteoporosis
- ☐ Diabetes NIDDM or IDDM
- ☐ Ischemic Heart Disease
- ☐ Peripheral Vascular Disease
- ☐ Dementia
- ☐ Other……
- ☐ COAD
- ☐ GORD
- ☐ Hypertension
- ☐ Hypercholesterolemia
- ☐ Glaucoma
- ☐ PTSD
- ☐ Macular Degeneration
- ☐ THR Left or Right (pls circle)
- ☐ TKR Left or Right (pls circle)
- ☐ Peripheral Neuropathy
- ☐ Anxiety/Depression
- ☐ CVA/TIAs

REFERRAL REQUEST

REFERRING PROVIDERS' DETAILS

Name: _____

Address: _____

Telephone: _____ Fax No: (07) 5302 0730

Provider No: _____

Period of Referral: 12 months ☒

Signature: _____ Date: _____

FAX TO: (07) 5302 0730