

Victoria University Clinical Exercise & Rehabilitation (VUCER)

To be completed by your Medical Practitioner (GP)

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MEDICAL REFERRAL

To be completed by a medical practitioner for clients who are:

Over the age of 40

Or under the age of 40 and have cardiovascular risk factors or other chronic condition/s.

In other medical conditions, if deemed appropriate, a medical referral from your GP/Specialist prior to your participation may be required.

If available, please provide copies of recent medical tests and current medications (e.g. ECG, blood test, etc.)

Medical Practitioner summary for:

If available, please provide copies of recent medical tests and current medications (e.g. ECG, blood test, etc.)

Name of client:	Age:
When was the last stress test with ECG monitor?	Date:
Does this patient have a specific HR limit?	HR limit:

a) Comments (detail any significant abnormalities, reservations or precautions):

b) Recommendations:

Fit to undergo maximal exercise test

Fit to undergo sub-maximal exercise test

Not fit to undergo any exercise test

Signature of Medical Practitioner (GP)

Name:	Date:	Signature:
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Contact telephone number

Work phone: