

Pre-Screening Health Professional Referral Letter



This letter is for use by REPs Registered Exercise Professionals Only. (This is an Fillable Digital Form - SAVE before exiting)

To _____

Date: _____

Dear _____

Re: Client Name: _____

Client Address: _____

Client DOB: _____

Your client/patient has met with me with the goal of _____

I am a Registered Exercise Professional with the New Zealand Register of Exercise Professionals (REPs). Before commencing a programme of exercise for your client/patient, I have carried out the REPs exercise pre-screening process. Information gathered during the screening process included the following:

Current Physical Activity Level	Sessions / week	Notes: (Exercise Professional: Include details of any: Signs or Symptoms, Risk Factors, Known Conditions of medical issues identified in pre-screen results).
	Minutes / week	
	Intensity (low/mod/high/ vig)	
Resting HR		
Resting BP		
Weight		
BMI		
Waist Circ		

Exercise professional to attach a copy of the REPs Pre-screening form, and any details of other practitioners treating the client.

In response to your client/patients pre exercise screening results, I request your guidance in relation to the following condition(s) to enable and ensure the delivery of a safe and effective exercise programme:

Based on your client/patients goals, it is intended to have them commence an exercise programme consisting of the following:

Describe the intended program focus in brief (1-2 sentences) – e.g. strength / cardio based programme group vs 1:1

Please indicate any recommendations you may have in relation to their exercise programme, including specific activities they cannot or should not be undertaking at this time, or other relevant notes.

Practitioner to include any notes for the exercise professional here:

I will keep you informed of progress and any major changes in his/her condition. To acknowledge you have received this referral, please complete this section:

Date:		Status of Referral: <i>*please describe action required in notes</i>	<input type="radio"/> Complete <input type="radio"/> Incomplete*
Practitioner Name:		Contact person for follow up: <i>**please provide new contact details in notes</i>	<input type="radio"/> As above <input type="radio"/> New contact**
Practitioner Title:		Notes:	
Practitioner Signature:			

Please include in notes any instructions you may have regarding follow up or progress reporting.

I welcome any advice you feel necessary and can be contacted by phone _____

or by email _____ anytime.

Client Consent:	I give my permission for my exercise professional to communicate with the referring Practitioner and/or my GP regarding my health status and my progress relating to my exercise programme.		
Client Name:			
Client Signature:		Date:	

Yours sincerely

Name: _____

