



Living Longer Living Stronger: referral form

What is Living Longer Living Stronger?

Living Longer Living Stronger is an affordable, safe and effective strength and balance training program for older Tasmanians.

The program is delivered by accredited providers and instructors across Tasmania.

Who should complete this form?

This referral form must be completed by a medical or allied health practitioner. For further information, please contact the Living Longer Living Stronger Coordinator, Luke Summers, by phone on 0477 038 230 or by email at lukes@cotatas.org.au

For more information visit:

www.cotatas.org.au/lls



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Referring practitioner details

Practitioner name (title, first and last names) <i>Please specify the name of the referring practitioner</i>	
Email address (practitioner)	Phone number (practitioner)
Organisation or facility name (if applicable) <i>Please specify the name of the referring organisation or facility, if applicable</i>	
Practitioner, organisation or facility address <i>Please provide the address of the referring practitioner, organisation or facility</i>	
Street address:	
City, town or suburb:	
State/Territory:	
Postcode:	

Patient details

First name	Last name
Date of birth <i>(day/month/year)</i>	Phone number
/ /	
Home address	
Street address:	
City, town or suburb:	
State/Territory:	
Postcode:	

Conditions, medications and recommendations

Details of acute or chronic conditions and medications

Please provide details of acute or chronic conditions and medications being taken by your patient

Contraindicated exercises (activities that should not be undertaken)

Please outline any recommendations that you may have regarding contraindicated activities.

I.e. exercises that your patient should not do

Other recommendations

Please outline any other recommendations that you may have regarding your patient's participation in the Living Longer Living Stronger program

Patients that have significant risk factors or require additional support can work with a physiotherapist or exercise physiologist

Please tick the appropriate option for your patient

<input type="checkbox"/>	My patient has severe or complex chronic conditions, is recovering from injury/treatment or has significant medical risk factors and should be assessed by a physiotherapist or exercise physiologist
<input type="checkbox"/>	My patient is living with well-managed chronic conditions and/or has few medical risks and can work with an exercise professional

Please keep me informed about my patient's progress

Please tick the applicable option

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Signed

(referring practitioner signature)

Date

(day/month/year)

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