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Dear Doctor _____ ,

Your Patient _____ D.O.B _____

expresses interest in joining the E-Leet Physiology Exercise Physiology Service.

This program consists of resistance and aerobic exercises, as well as functional strength, core, stretching and balance training. Hand weights, aerobic machines, therabands and pulley weight systems are utilised during this regime.

The client can opt to perform their program under 1-on-1 supervision, in a group setting, or they may choose to perform their program independently at home. Clients start by completing an Initial Assessment and an individualised exercise program is developed and guided through. Re-Assessments and program reviews are performed to keep track of the client's progress.

E-Leet Physiology needs to be aware of any pre-existing health and medical conditions that the client may experience to maximise the safety and effectiveness of our programs. Chronic conditions need to be stabilised prior to starting the program, a list of contraindications that would prevent a client from participating has been supplied on the back page.

Please indicate if your patient experiences any of the following:

- | | |
|---|--|
| <input type="checkbox"/> CVD | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Hypercholesterolemia | <input type="checkbox"/> Stroke/TIA |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Poor mobility |
| <input type="checkbox"/> Pre Diabetes | <input type="checkbox"/> Frail/deconditioned |
| <input type="checkbox"/> Diabetes Type I | <input type="checkbox"/> Balance/gait disorders |
| <input type="checkbox"/> Diabetes Type II | <input type="checkbox"/> Post Joint Surgery |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Chronic Lower Back Pain |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Other |

Other Relevant Details: _____

G.P. Signature: _____ Date: _____

Thank you,

Jason Lee
Exercise Physiologist

Please refer to the contraindication list, outlining conditions that will prevent your client from participating in the E-Leet Physiology program:

- Acute myocardial infarction or other acute cardiac event
- Unstable angina
- Recent significant change in resting ECG
- Unstable aortic aneurysm
- Uncontrolled hypertension
- Double incontinence
- Acute pericarditis, endocarditis or myocarditis
- Severe aortic stenosis
- Severe left ventricular dysfunction
- End-stage congestive heart failure
- Acute pulmonary embolism
- Deep vein thrombosis
- Pulmonary infarction
- Uncontrolled psychosis
- Oxygen desaturation with exertion (not corrected with oxygen)
- Recent fracture, unstable fracture or non-healing fracture
- Drop in blood pressure or pulse during exertion