Health Practitioner Name

Clinic Name

Address

Suburb

City Postcode

**Date: xx/xx/20xx**

Dear Health Practitioner Name,

**Re: Client Name:** Insert Client Name

 **Client Address:** Insert Client Address

 **Client DOB:** Insert Client DOB

YOUR BUSINESS NAME

CONTACTS

LOGO

HERE



Your client/patient has met with me with the goal of XYZ.

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:*** *Include bullet point details of any:*
* *Signs or Symptoms, Risk Factors, Known Conditions of medical issues identified in pre-screen results.*
* *Attach copy of completed REPs Pre-Screening Form*
* *Include any details of other practitioners treating the client*
 |
| **Minutes / week** |  |
| **Intensity (low/mod/high/ vig)** |  |
| **Resting HR** |  |
| **Resting BP** |  |
| **Weight** |  |
| **BMI** |  |
| **Waist Circ** |  |

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:**\*please describe action required in notes | **Complete** | **Incomplete\*** |
| **Practitioner Name:** |  | **Contact person for follow up:**\*\*please provide new contact details in notes | **As above** | **New contact\*\*** |
| **Practitioner Title:** |  | **Notes:** |
| **Practitioner Signature:** |  |

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

I/we welcome any advice you feel necessary and can be contacted by phone <123456789> during <provide best contact hours> or email <email address> 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:** |  |

Your Sincerely,

*Your Signature*

Contact Name

Business Name

Phone: Your Phone Number

Email: Youremail@address.com

**This letter is for use by REPs Registered Exercise Professionals Only © NZ Register of Exercise Professionals**

