



# GP Referral Letter (Medical Release Form)

Dear Doctor

Date: \_\_\_\_\_

Your patient, \_\_\_\_\_ wishes to start an exercise programme under my guidance. As part of the pre-exercise screening questionnaire (PAR-Q), your patient indicated the following areas, which are of some concern for them / myself:

During a health/fitness assessment, the following factors were discovered, which are of some concern for myself:

The proposed, tailored exercise programme will consist of the following types of activity:

If your patient is taking any medication that may alter their heart rate during exercise, please indicate whether it lowers or raises the heart rate response:

Medication: \_\_\_\_\_ Response \_\_\_\_\_

Could you please indicate any recommendations or restrictions that would be appropriate to your patient in this exercise programme?

Thank you. Yours faithfully \_\_\_\_\_

Tel: \_\_\_\_\_

Address, \_\_\_\_\_

Doctor: \_\_\_\_\_ has my approval to start a supervised exercise programme, with the recommendations and restrictions stated above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_