St Johns AKL
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SPORTS MEDICINE SPECIALISTS

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To whom it may concern,

Please find attached a referral form for the Axis Exercise Medicine Clinic. The Exercise Medicine Clinic provides exercise testing, prescription and supervision by a Clinical Exercise Physiologist (CEP). A CEP is an individual who specialises in the delivery of exercise, lifestyle and behavioural modification programmes for the prevention, management and rehabilitation of chronic conditions, diseases and injuries. CEP's provide individualised and specialised exercise and lifestyle education for clients across a wide spectrum of health statuses, from the apparently healthy to those with diagnosed conditions such as cardiovascular disease, cancer, diabetes, respiratory disease, or chronic pain or injury.

We offer several options for patients, including one-off testing and prescription, or participation in a 12-week program, where patients are supervised during exercise by a CEP and are reassessed with their prescription adjusted at set time points throughout the program. Finally, all measures are reassessed upon completion of the program. This option can also include check-ins with a registered dietitian and sport and exercise physician.

Please complete the following form and provide additional information (including discharge summaries and notes) where available. Please do not hesitate to contact me if you have any queries.

Kind Regards,

Hannah Crosswell

CLINICAL EXERCISE PHYSIOLOGIST
MSc (Hons) RCEP-ACSM & CEPNZ

Contact
h.crosswell@axissportsmedicine.co.nz
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Locations
71 Merton Road, St Johns, Auckland
212 Wairau Road, Wairau Valley, Auckland

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Exercise Medicine Referral Form

Name:

D.O.B.:

Contact Phone Number:

Email:

G.P.:

Referrer Name and Clinic:

Medical History (Please tick all relevant conditions and elaborate below where necessary):

- ☐ CVD/IHD
- ☐ Hypertension
- ☐ Obesity
- ☐ Cancer
- ☐ Stroke
- ☐ Arthritis
- ☐ Peripheral Vascular Disease
- ☐ Other (please specify):
- ☐ Diabetes
- ☐ Dyslipidaemia
- ☐ Pulmonary Disease
- ☐ Renal Disease
- ☐ Other Neurological Condition
- ☐ Other Musculoskeletal Condition
- ☐ Depression/Anxiety

Additional Information:

Please sign below to indicate that you wish to refer this patient to the Axis Exercise Medicine Clinic for exercise assessment and prescription.

Signature

Name

Date