

Referral for Exercise Prescription

Patient Details:

Name _____

Date of birth _____

Gender _____

Contact Phone _____

Address _____

Referrer Details:

Name _____

Practice _____

Phone _____

Report to _____

Clinical Information:

Height _____ Weight _____

Blood pressure _____ / _____ mmHg

Medications _____

Relevant medical conditions/Reason for referral: _____

Signature: _____ **Date:** _____

Please email this form to: kylie@exercisewell.co.nz or give to the patient take to their appointment.

Contact: Kylie Chapman

Phone: 027 826 688

Website: www.exercisewell.co.nz

SERVICES:

PRICE:

Initial Consultation

\$70 (Free with referral)

Exercise Testing & Measurements

\$90

Casual Training Sessions

\$50-90

6 or 12 Week Programme:

- Small group (2-4 people)

\$30-40

- Private exercise training

\$70-80

Group classes (up to 10 people)

\$10-15