

Centre for Physical Activity in Ageing

Central Adelaide Local Health Network

207 – 235 Hampstead Road

LIGHTSVIEW, SA 5085

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Dear Doctor

Your client has expressed an interest in one of the exercise rehabilitation programs conducted by the Centre for Physical Activity in Ageing (CPAA), Hampstead Rehabilitation Centre. The CPAA is a unit operating within the Hampstead Rehabilitation Centre, Central Adelaide Local Health Network.

The aim of CPAA programs is to (a) introduce mature age persons to a variety of physical activities, and (b) improve physical fitness and general wellbeing, through a structured program of physical activity. Different types of programs are available and include:

**GENERAL REHABILITATION [Hydrotherapy – Gym-based Exercise – Home-based Exercise]** – This service is suitable for clients who have complex conditions including a history or risk of **FALLS** including poor balance and/or multiple co-morbidities requiring close supervision by an experienced accredited Exercise Physiologist. These sessions are short term, designed to educate and instruct clients with an individualised exercise program. It is aimed to progress clients into our Staying Fit & Healthy program when appropriate.

**CARDIAC REHABILITATION** – The CPAA offers both Phase 2 and Phase 3 cardiac rehabilitation and specialised Heart Failure programs. Phase 2 and Heart Failure programs are provided by Accredited Exercise Physiologists.

**SPECIALIZED CHRONIC DISEASE REHABILITATION and SELF MANAGEMENT** – Evidence based programs for **Stroke, COPD, Parkinson’s Disease, Osteoporosis, and Diabetes**. Specialized training equipment including – exercise bikes, hydraulic resistance machines, treadmills and other resistance apparatus and is aimed at clients with a chronic disease. These programs aim to improve physical function through exercise and assist clients in self-management of their condition/s. Clients with hypertension, dyslipidaemia, obesity etc are also encouraged to attend these sessions.

**CANCER & EXERCISE PROGRAM** – This service is suitable for clients who are undergoing or who have undergone cancer treatment and is closely supervised by experienced Accredited Exercise Physiologists. This program focuses on improving the various treatment-related complications associated with cancer and particularly assists with cardiovascular fitness, functional capacity, strength and fatigue.

Programs are provided to allow clients to work at their own pace and are designed specifically for the older person or people seeking rehabilitation. Each program is developed and directly supervised by accredited and experienced Exercise Physiologists together with qualified Fitness Leader support staff.

We have informed intending participants of our **mandatory requirement** for them to complete the attached form and contact their usual medical adviser prior to commencing any program of physical activity. We would appreciate it if you could complete the relevant sections of the **‘Enrolment Form & Medical Report’**, notifying us of any restriction that applies to your clients.

An Exercise Physiologist will provide an assessment of all clients following referral (a fee may apply – please ask for a list of fees) and will then advise on the most appropriate exercise rehabilitation option.

**Please refer all enquiries to: Exercise Physiology Team, Centre for Physical Activity in Ageing**

**NEW ENROLMENT FORM & MEDICAL REPORT**

Use this form if you are a New CPAA client and have not attended before.

**Patient Details**

Office Use Only: UR # Click here to enter text. CPAA # Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: | Click here to enter text. | Given Name: | Click here to enter text. |
| Date of Birth: | Click here to enter text. | Gender: | Click here to enter text. |
| Address: | Click here to enter text. | | |
| Home Phone: | Click here to enter text. | Mobile: | Click here to enter text. |
| Marital Status: | Click here to enter text. | Email: | Click here to enter text. |

Aboriginal  Torres Strait Islander

**Emergency Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: | Click here to enter text. | Given Name: | Click here to enter text. |
| Contact Phone: | Click here to enter text. | Relationship: | Click here to enter text. |

**\*Please attach past medical history, current medications and other relevant information. Processing may be delayed if insufficient information provided\***

**Reason for Referral/ Principle Diagnosis**

|  |
| --- |
| Click here to enter text. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **✔** | **Year of onset** |  |  | **✔** | **Year of onset** |
| High Cholesterol |  | Click here to enter a date. |  | Diabetes |  | Click here to enter a date. |
| High Blood Pressure |  | Click here to enter a date. |  | Chronic Pain |  | Click here to enter a date. |
| Ischaemic Heart Disease |  | Click here to enter a date. |  | Recent Falls |  | Click here to enter a date. |
| Angina (Chest Pain) |  | Click here to enter a date. |  | Stroke |  | Click here to enter a date. |
| Cardiac Arrhythmia |  | Click here to enter a date. |  | Parkinson’s disease |  | Click here to enter a date. |
| Heart Failure |  | Click here to enter a date. |  | Epilepsy |  | Click here to enter a date. |
| Arthritis |  | Click here to enter a date. |  | Cancer |  | Click here to enter a date. |
| Osteoporosis |  | Click here to enter a date. |  | Cognitive Disorder |  | Click here to enter a date. |
| Fracture |  | Click here to enter a date. |  | Mental Health Condition |  | Click here to enter a date. |
| Current Injury |  | Click here to enter a date. |  | Uncorrected Visual Problem |  | Click here to enter a date. |
| Joint Replacement |  | Click here to enter a date. |  | Hearing Impairment |  | Click here to enter a date. |
| Other | Click here to enter text. | | | | | |

Walking Aids:  Independent  Stick  4WW  Wheelchair

|  |  |  |
| --- | --- | --- |
| Other: | Click here to enter text. | |
| Medical Alerts (allergies, MRSA, VRE): | | Click here to enter text. |

**Clinical Assessment**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Anthropometric** | Weight: | Click here to enter text. | Height: | Click here to enter text. | BMI: | Click here to enter text. |
| **Pulse** | Rate: | Click here to enter text. | Rhythm: | Click here to enter text. |  |  |
| **Blood Pressure** | Sitting: | Click here to enter text. | Standing: | Click here to enter text. |  |  |
| **Auscultation** | Breath sounds: | Click here to enter text. | Heart Sounds: | Click here to enter text. | Murmurs: | Click here to enter text. |

**Physician Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Doctor’s Name:** | Click here to enter text. | **Phone:** | Click here to enter text. |
| **Address:** | Click here to enter text. | **Provider No.** | Click here to enter text. |
| **Signature:** | Click here to enter text. | **Date:** | Click here to enter a date. |