

Robyn Suttor
Fitness Specialist
www.familyfit.com.au
robyn@familyfit.com.au
0414 328 828
Fitness Australia
Reg. No. : FN 2006 /19339



Dear Dr _____, DATE: _____

This is a Request for a Clearance & Other Feedback re. the Participation of your patient _____ in an Exercise Program at my gym.

Hopefully this request can be responded to by simply completing the fields below the Red Headings that follow, prior to signing the relevant line at the end and returning the letter to me in the stamped self-addressed envelope attached.

If you are able give your patient an appropriate clearance, I will formulate a program that is preventative and not rehabilitative. It will be based on Pre-Health Screening and Fitness Tests I will have completed, as well as your feedback. It will also be informed by other parameters relating to health improvement, such as lifestyle, goal setting and diet. These matters are discussed in detail with your patient and each of my clients. In this way I seek to address all relevant Health risk management issues for each client's program. Testing and discussion is of course ongoing, so that programs can be ramped up or down, or terminated, as the need arises. IE. The intensity and loads of each series of exercises will be based on your patient's fitness test results and how they are feeling on the day of exercise.

I always suggest to clients that exercise be gradually increased. Also, the flexibility of my programs ensures exercises may be designed with a low to moderate or vigorous goal in mind, based on your patient's personal goals.

In the interest of your patient and for my information, please tick the circle in front of whichever line makes the following statement most accurate.....

"I consider this patient to be.....

O1 Healthy without apparent heart disease. and eligible to participate in an unsupervised program

O2 Presumably healthy, with one or more risk factors for heart disease, but still eligible to participate in a supervised program.

O3 Patient not eligible for this program and a fully medically supervised program is recommended"

If O3 above is ticked please proceed to the end of this letter, sign off, and return mail.

If O1 or O2 above is ticked, please circle Yes or No as appropriate after each of the following two questions.....

Q1 Are you satisfied that your patient can exercise at a low to moderate level? Yes / No

Q2 Are you satisfied that your patient can exercise at a vigorous level? Yes / No

Please provide recommendations and/or any restrictions concerning your patient's present health status as it relates to active participation in a fitness program and the timing of any medication in relation to exercise.....

Would you like me to call you to discuss an exercise approach for your patient? **Yes / No**

I reiterate that a summary of test results and recommendations for your patient will be kept on file. These will be made available to you whenever you should request them.

Further, please advise your client regarding ECG testing and cholesterol / lipid levels if deemed appropriate.

Finally, please sign off below and return this letter in the attached stamped and addressed envelope.

Thanking you most sincerely for your feedback and response,

Robyn Suttor

Referring Physician's signature: _____ **Date:** _____

Medical Practice Telephone Number: _____

Robyn Suttor, Further Background Details:

Fitness Specialist, Diploma in Fitness (Special Conditions) , Heartmoves Leader, Older Adult, Children and Pilates Floor Mat & Fit Ball Trainer, Certificate 4 Personal Trainer, Certificate 3 - Gym Instructor, B.Ed. Education (Ed Studies), 20+ years experience in Education and Training, passionately living fit and still competing at National and State Level in Masters' Athletics