

EXERCISE REFERRAL TO THE SUTHERLAND SHIRE LEISURE CENTRES (SLC)


- 1) This Referral Agreement Process (RAP) is between (*Surgery Name*): _____ and (*Exercise Facility Name*): **SUTHERLAND SHIRE LEISURE CENTRES** and describes the procedures in which general practitioner patients will be referred to the Sutherland Leisure Centre. This exercise facility will be responsible for participants while they are undertaking activity at the facility.
- 2) This Referral Agreement Process commences on _____ (*date*) and will continue until a review is required. Either party can terminate the arrangement with one week's written notice.
- 3) All SUTHERLAND SHIRE LEISURE CENTRES staff involved with the program will certify that they will protect participant confidentiality and adhere to relevant privacy laws and legislations. All staff will operate within the conditions set by the participant's Doctor or other authorised person and adhere to the specified Program Manual Procedures.
- 4) Doctors can obtain upon request, a list of participating SUTHERLAND SHIRE LEISURE CENTRES' staff, together with their qualifications and relevant registration. All staff will have the appropriate qualifications and registration as specified in the Program Information Package. Doctors will be able to make a judgement as to the suitability of the staff.
- 5) Please be aware that this Scheme conducted at Sutherland Shire Leisure Centres, is appropriately staffed and equipped to **only service** participants from the categories below;

<p>Get Moving! Stay Well! Program</p> <ul style="list-style-type: none"> ▪ Pre-diabetes ▪ Diabetes <ul style="list-style-type: none"> ▪ Type 1 ▪ Type 2 <ul style="list-style-type: none"> ○ Diet controlled ○ Oral medication ○ Insulin ▪ Other: <ul style="list-style-type: none"> ▪ Back pain: non-acute ▪ Hypertension ▪ Inactive / Sedentary ▪ Raised cholesterol ▪ Osteoarthritis: mild-moderate ▪ Osteoporosis: asymptomatic & no history of fracture ▪ Polycystic ovarian syndrome ▪ Obese ▪ Smoking: not COPD ▪ Stress/Anxiety mild-moderate <p><i>Please read referral categories defined under the terms and conditions set out in the GP Information Package.</i></p>	<p>Community Maintenance Program</p> <p>This patient meets the following eligibility criteria for the Community Maintenance Group at Stride Health Club Program where this patient has completed The Sutherland Hospital Cardiac Rehabilitation or Heart and Lung Team Exercise Rehabilitation Programs, or Patient with previous cardiac history with little or no rehabilitation with any of the following:</p> <ol style="list-style-type: none"> (a) Stable heart disease or other stable chronic disease <ul style="list-style-type: none"> ▪ Including at least 3 months following hospital discharge for an acute coronary syndrome ▪ At least 3 months following coronary bypass surgery, heart valve surgery or other cardiac surgery ▪ At least months following coronary angioplasty/stenting for stable CAD ▪ With 2 or more major risk factors for heart disease who were previously inactive or sedentary ▪ Heart failure or cardiomyopathy with NYHA Class I or II (no symptoms during exercise or reduced physical capacity during moderate activity) ▪ Body Mass Index >30 (b) Assessed as medically stable and suitable to exercise by GP (c) Able to walk 300-400 metres in 6 minutes. <p><i>Please read contraindications to exercise prior to referral to the Community Maintenance Program.</i></p>
---	--

- 6) The program comprises 10 sessions at the SUTHERLAND SHIRE LEISURE CENTRES (over 5 weeks) where participants pay an up-front fee of \$77.50 for 10 sessions (including pre and post assessment conducted by an AAESS accredited Exercise Physiologist). After the initial 10 exercise sessions and pre and post assessment sessions are completed, the patient will be offered a reduced 3 month membership rate with a one month complimentary pass (once only offer).

Yes, I have read the GP Information Package and understand and agree to the above conditions relating to my patient/s entering the GP Exercise Referral Scheme at Sutherland Shire Leisure Centres:

SIGNATURE OF REFERRING GP:	<i>Date</i> : _____
PLEASE PRINT GP NAME:	
SURGERY NAME & ADDRESS:	
PHONE:	
FAX:	
E-MAIL:	

SIGNATURE OF FITNESS COORSINATOR SLC:		ABN: 66109265438
PLEASE PRINT NAME:	George Joukador	
ADDRESS:	Rawson Ave Sutherland, NSW 2232	
PHONE:	8536 9718	
FAX:	9545 2481	
E-MAIL:	gjoukador@ssc.nsw.gov.au	