

360 Health Clinic Referral Form

Participants Details

Name:	Date of Birth:
	Age:
Address:	Gender: M / F
	Contact Numbers:
	H:
	W: M:

360 Health Clinic Programs

Please mark the appropriate program

Boosting Fertility through Diet and Education - 1 hour session	
Fit and Pregnant – Pre natal - Ongoing cost per class	
Bounce Back – Post natal - 8 week session	
Active over 50 - Ongoing cost per class	
Diabetes Group Sessions - 8 week session A Medicare referral form is required	

360 Health Clinic Consults (non CDM)

Accredited Practicing Dietitian	
Accredited Exercise Physiologist	
Aquatherapy	

Please list any relevant medical conditions or include on a separate page:

Medical Clearance

I am aware of the clients' medical/injury status (as above). Medical clearance is given (indicating that the above statuses are stable and safe) for a low to moderate exercise program.	Yes / No
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Doctors Name: Doctors Signature: Date:	Client's Signature (Optional): Date:
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We are currently accepting referrals for our group programs to start in April 2014

Contact Details:
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