

Biokinetic Clinic Referral Form



Email to biokinetic.reception@wintec.ac.nz

1. Patient information

Patient name:

Address:

Date of birth (dd/mm/yy):

Contact number:

Email:

2. Select an exercise prescription

Please complete all boxes (Y/N) for our training Clinical Exercise Physiologist to create a personalised exercise prescription training under the supervision of qualified staff.

Reduce risk of heart disease

Reduce risk of cancer

Assist with weight loss

Reduce risk of cognitive decline

Reduce risk or improve diabetes management

Reduce fatigue, improve sleep quality

Improve symptoms of anxiety

Improve pain management

Improve symptoms of depression

Reduce fall and fracture risk

Improve cardiovascular fitness

Prevent muscle wasting

Improve cholesterol

Increase bone density

Improve blood pressure

Other

3. Details of referral

Please tick if this is a self referral

Please provide current medication list

Medical practice/provider contact information

Doctor name:

Signature of referrer:

Phone:

Mobile:

Email:

Date:

