

Dr Paul Schwann Centre Referral

Name:	Hospitalization #:	/	/
Address:	Postal Code:		
Home Phone:	Work Phone:		
Date of Birth:	(dd/mm/yy)	SGI 0	WCB 0 Claim #

Reason for Referral (please check one only):

- Cardiac
- COPD
- Musculoskeletal Injury
- Osteoporosis Program (please list history of fractures below)
- Personal Training
- Risk Reduction/Lifestyle Changes
- TIA/Stroke (must be ambulatory)
- Other (Please Specify)

Musculoskeletal Diagnosis/Findings/Contraindications

Medical History

- "Normal" OR Prone to Coronary Heart Disease

Risk Factors Present (please check all that apply):

- Cigarette Smoking
- Dyslipidemia
- Diabetes Mellitus IDDM or NIDDM (please circle one)
- Family Hx Premature CHD
- Hypertension
- Obesity

Other significant medical conditions (please check and comment)

- Cardiac Client
- Myocardial Infarction
- CABG
- PTCA
- CAD
- Valvular Disease
- Other (Please explain)
- Accidents
- Allergies

- Epilepsy
- Infections
- Mental Illness, Neurological Impairment
- Osteoporosis, Osteopenia
- Respiratory Disease

Laboratory Data (if available)

Blood Pressure: / Medicated: (check one) D Yes D No Blood Lipids:
 Total-C HDL-C LDL-C TG Hemoglobin: Fasting:
 (please check one) D Yes D No Blood Glucose: HbA_{1c}:

12 Lead Electrocardiogram: (please check applicable boxes & attach if available)

- Not Available
- Within Normal Limits
- Abnormal (please explain)

Present Medications (Type & Dosage)

Date of last physical examination: ___/___/___ (dd/mm/yy)

Other Comments:

IMPORTANT: The above-listed person is capable of participating in a laboratory controlled physical fitness test under the direct guidance and supervision of:

Laboratory Technician OR **Physician (Please check one)**

Referring Physician: _____ Telephone: ()
 (Please Print)

Signature: _____ Date: / / (dd/mm/yy)

Please return to patient, mail or fax to:
Dr. Paul Schwann Applied Health & Research Centre University
of Regina, Regina, SK S4S OA2
Fax: (306) 585.5363 Tel: (306) 585.4004

For more information on our programs and services or to download referral forms please visit our website at <http://www.uregina.ca/kinesiology/dpsc>