University of Regina | Kinesiology & Health Studies
Health, Wellness & Recreation Programming

Centre for Health Wellness and Performance (CHWP) Referral

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

Reason for Referral *(Please check one only):*

☐Dr. Paul Schwann Love2Live (Cardiac Rehabilitation and Risk Reduction/Lifestyle changes)
☐TIA/Stroke
☐COPD
☐Muskuloskeletal Injury/Exercise Therapy
☐Personal Training
☐Rock Steady Boxing (Parkinson's Patients only)
☐ENRICH Community Neurorehab Program

Musculoskeletal Diagnosis/ Finding/ Contraindications:

_____
_____
_____

Medical History:

☐"Normal" OR ☐Coronary Heart Disease (or prone to)

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
☐Other

Laboratory Data *(if available):*

Blood Pressure: _____/_____ Medicated: ☐Yes ☐No

Blood Lipids: Total –C HDL-C LDL-C TG Hemoglobin

Fasting *(Please check one):* ☐Yes ☐No Blood Glucose: HbA_{1C}:

12 Lead Electrocardiogram: *(Please check & attach if available):*

☐Not available
☐Within Normal Limits
☐Abnormal *(Please explain)*

_____
_____
_____

Present Medications (Type & Dosage): **OR** ☐See Attached

_____
_____
_____

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

Other Comments:

_____
_____
_____

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

☐ **Laboratory Technician/ Exercise Physiologist** **OR** ☐ **Physician**

(Please check one)

Referring Physician *(Please print)*: Telephone: ( )

Signature: Date: / / (dd/mm/yyyy)

Please return to patient, mail or fax to:
Centre for Health, Wellness & Performance (CHWP)
University of Regina, Regina, SK S4S 0A2
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/dpsc

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