



Home Based Falls Prevention Program Medical Authorization Form

TO BE COMPLETED BY CLIENT

CLIENT'S NAME: _____ AGE: ____ D.O.B. _____
(Please Print)

ADDRESS: _____

PHONE: (H) _____ PHONE: (Mob) _____

EMERGENCY CONTACT: _____ Phone: _____

NAME OF DOCTOR: _____ Phone: _____

TO BE COMPLETED BY DOCTOR

Your client has expressed interest in participating in the Home Based Falls Prevention Program, a Primary Care Partnership Project, led by Bentleigh Bayside Community Health. The Program forms part of a NHMRC Project evaluated by Monash Injury Research Unit.

The program involves performing specific, Physiotherapist prescribed, gentle exercises, 3 times a week for up to 30 minutes, and walking for up to 30 minutes, twice a week. Clients will be prescribed a combination of flexibility, balance and strength exercises and provided with supportive resources. Clients are assessed and reassessed by a Physiotherapist, and, supported monthly for 6 months, by an Allied Health Assistant.

Would you provide a letter outlining your client's medical history and medications, and provide a medical clearance for your client to participate in the Home Based Falls Prevention Program?

OR

Complete the form below.

Does your client have any of the following conditions?

	YES	NO	Further details
Any Heart Conditions	()	()	
Blood Pressure High () Low () Normal ()	()	()	
Diabetes Type 1 () Type 2 ()	()	()	
Chest Pain on exercise	()	()	
Any pain on exercise	()	()	
Dizziness or nausea	()	()	
Epilepsy	()	()	
Asthma or Respiratory/breathing problems	()	()	
Falls or loss of balance	()	()	
Osteoporosis	()	()	

	YES	NO	Further details
Joint problems or replacements	()	()	
Recent surgery	()	()	
Recent fractures	()	()	
Visual disturbances	()	()	
Vestibular disturbances	()	()	
Other	()	()	

Medications

Are there any contraindications to exercise for your client to participate in the HBFPP?

In my opinion my client, _____, is medically fit to participate in the Home Based Falls Prevention Program.

Doctor's Stamp and Signature:

_____ **Date:** _____

Client's Signature:

_____ **Date:** _____