



Physical Activity & Lifestyle Program

Medical Practitioner Clearance Form

Patient's Details	Doctor's Details
Name:	Name:
DOB:	Address:
Address:	
	Phone number:
Phone number:	Fax number:
	Provider number:

The BEAT IT program is a moderate intensity physical activity program and is intended for use by those persons who may have diabetes or other chronic diseases but who remain relatively complication free.

It is not designed for those with significant clinical risk factors or moderate to severe associated complications or co morbidities.

Such patients should be referred to an **Accredited Exercise Physiologist** for individualised exercise prescription and evaluation.

Please see table below for eligibility guidelines.

Suitable for those who:	NOT suitable for those who have:
<ul style="list-style-type: none">• Diabetes (with medical clearance)• Heart disease and<ul style="list-style-type: none">○ Are at least 6 months post discharge from an acute cardiac event (unless medical clearance from cardiologist has been received prior to participation)○ Are at least 6 months post discharge from cardiac surgery including valve replacement, heart bypass or any other heart surgery (unless medical clearance from cardiologist has been received prior to participation)• Controlled hypertension• Controlled lipid profile• Arthritis• Overweight or Obese• Family history of diabetes and heart disease• Are apparently healthy but want to reduce their risk of developing a chronic disease• Had cancer and completed their treatment (medical clearance required if in last 5 years)	<ul style="list-style-type: none">• Poorly controlled diabetes. i.e. HbA1c >9%, more than 2 hypoglycaemic episodes a week (unless cleared by an Endocrinologist)• Significant diabetes related complications• Severe respiratory disease (e.g. end stage emphysema)• Unstable angina or Heart failure• Less than 3 months post myocardial infarction (heart attack), heart bypass surgery, valve replacement or other cardiac surgery/procedure• Severe uncontrolled metabolic disorders (acute thyroiditis, hypokalemia etc)• Severe neurological disorders (e.g. partial paralysis stroke)• Severe musculoskeletal conditions that would prohibit exercise• Renal failure• Uncontrolled hypertension• Acute systemic illness or fever• Carotid artery stenosis• Pericarditis or myocarditis• Any known aneurysm (unless medical clearance is obtained)• Dysrhythmias (unless medical clearance is obtained)• Currently undergoing chemotherapy or other cancer treatments which suppress the immune system.



Please attach you patient's relevant medical history and any current medications.
Alternatively, complete the below fields.

<i>Medications:</i>
<i>Medical History:</i>
<i>Patient's latest blood results complete lipid and HbA1c (if available):</i>
<i>Doctor's comment:</i>

At the time of this consultation I find _____
(Name of patient)

to be fit to participate in the BEAT IT: Physical Activity & Lifestyle Program under the supervision of a qualified BEAT IT Accredited Trainer.

Name: Dr _____ Date: ____/____/_____
(Medical practitioner)

Signature: _____ Provider Number: _____