

Sport and Exercise Clinic



UNIVERSITY
OF SOUTHERN
QUEENSLAND

Referred by:	Date:	Referrer Contact Details (stamp):
Patient Name:		
Patient D.O.B:		
Patient Contact Phone Number:		
Patient Email:		
Situation (Diagnosis, Current Symptoms):		
Background (Comorbidities, Ongoing Medication, Surgical History):		
Recommendation/Request/Response (Reason for this referral):		
Is there a particular service you are seeking from us?		
<input type="checkbox"/> Assessment	<input type="checkbox"/> Exercise Consultation	<input type="checkbox"/> Group Exercise
		<input type="checkbox"/> Group Education

Phone: 07 3812 6104 | Fax: 07 3812 6256 | Email: sportsandexercise@usq.edu.au