

# Enrolment Form

Name .....

Date of Birth .....

Mailing Address .....

Post Code .....

Phone ..... Gender .....

Email .....

Country of Birth ..... First Language .....

Do you identify as Aboriginal or Torres Strait Islander  Yes  No

Do you identify as Culturally and Linguistically Diverse  Yes  No

*If you have complex or unmanaged medical conditions, you may need to attend a Tier 1 Strength for Life session with an Allied Health Professional. Please speak with your preferred Provider Site prior to Enrolment to ensure they can safely manage any existing conditions.*

**Details to be completed by the Instructor at the Assessment:** Tier 1  Tier 2  Aqua

**Provider Name:** .....

**Assessment Date:** .....

**Instructor Name:** .....

Personal information is collected in accordance with Australian Privacy Principles and the COTA SA Privacy Policy (<https://cotasa.org.au/privacy-statement>). COTA SA may contact you in relation to Strength for Life and other programs which may be of interest to you.

## Screening Form

It is recommended that all participants enrolling in Strength for Life discuss their intention with their GP so that their ongoing health can be managed appropriately.

In some situations, a GP Referral must be obtained prior to your first Strength for Life session to ensure your safety when exercising. This may apply if you answer YES to any of the below questions.

Please select any that apply to you:

Yes

- Heart condition (including Angina, cardiovascular disease)
- Neurological condition (including stroke, Parkinson's, MS, MND)
- Unmanaged high or low blood pressure
- Unstable Diabetes
- Respiratory condition (including asthma, emphysema, COPD)
- Sedentary lifestyle (complete lack of regular exercise)
- Back pain requiring treatment
- Joint issues or pain requiring treatment
- Arthritis requiring treatment
- Other medical condition requiring treatment

Details .....

For either of the following, a bone density report is required:

- Any history of cancer requiring chemotherapy or radiotherapy
- Any history of Osteoporosis

Name: .....

Signature of Participant: ..... Date: .....

Emergency Contact .....

Emergency Contact Phone .....

# Referral Form

**Patient Name**.....

**Date of Birth**.....

Dear Medical Professional,

Strength for Life offers two levels of individualised and progressive training:

- **Tier 1 involves a Strength for Life qualified Allied Health Professional**
- **Tier 2 is supervised by a Strength for Life qualified Fitness Professional**

**Does the Patient have any **complex or unmanaged** conditions that would require supervision by an Allied Health Professional?**     **Yes**     **No**

For this Patient's ongoing health to be managed effectively while participating in the program, please provide your clearance to exercise including conditions and medications.

**Details of considerations and any restrictions:**

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**Recommendations and goals:**

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Medical Practitioner Name.....

Clinic.....

Phone.....

Date.....

Signature.....