



a place of mind  
THE UNIVERSITY OF BRITISH COLUMBIA

# School of Kinesiology



## UBC BodyWorks - Referral Form

Select Community Centre Location:  Dunbar  Kerrisdale  Sunset  UBC BodyWorks Fitness Centre

### PATIENT INFORMATION:

Full Name (First, Middle, Last): \_\_\_\_\_ Date: \_\_\_\_\_

Birthdate (month/day/year): \_\_\_\_\_ Tel: \_\_\_\_\_  Male  Female

**UBC BodyWorks develops individualized and group-oriented community-based fitness programs that require a Physicians approval for participation.** (Additional information from a medical Specialist and/or Health Care Practitioner may supplement a Physician's referral.) It is an Outreach Program of the School of Kinesiology and programs are supervised by a certified Clinical Exercise Physiologist. It is a non-medically supervised program that is suitable for people with stable chronic conditions who are interested in receiving specialized guidance for preventive health through progressive physical activity and education. Our programs and services are appropriate for at-risk patients who request a Personal Health Risk Assessment (Healthy Families BC) conducted by their Primary Care Provider. **A free consultation is available for your patient. Please fax this completed form to us, so your patient can start a physical activity program with BodyWorks as soon as possible.**

### REFERRING PHYSICIAN:

Based on your patient's health status, please check one of the following:

A  Participation in unrestricted physical activity is encouraged.

B  Participation in progressive physical activity is advised with the following limitations and precautions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C  Participation is *not advisable* at this time. A medically-supervised exercise program is required.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended Health/Fitness Goal: \_\_\_\_\_

\_\_\_\_\_

### REFERRING HEALTH CARE PRACTITIONER (optional):

Name: \_\_\_\_\_ Profession:  Physiotherapist  Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Limitations/Precautions/Recommendations: \_\_\_\_\_

\_\_\_\_\_

Your personal information is collected under the authority of section 26(c) of the *Freedom of Information and Privacy Act* (FIPPA). This information will be used for the purpose of evaluating your application for admission to the UBC BodyWorks Fitness Centre. Questions about the collection of this information may be directed [kin.outreach@ubc.ca](mailto:kin.outreach@ubc.ca).

**UBC BODYWORKS FITNESS CENTRE - Home of the Changing Aging™ Program**

Phone: (604)822-0207 | Fax: (604)822-8998 | Email: [kin.outreach@ubc.ca](mailto:kin.outreach@ubc.ca)

University of British Columbia, Osborne Centre, 6108 Thunderbird Blvd, Vancouver, BC, V6T 1Z3 | [www.outreach.kin.educ.ubc.ca/bodyworks](http://www.outreach.kin.educ.ubc.ca/bodyworks)