

client referral form gym



CANTERBURY-HURLSTONE PARK
RSL CLUB

Dr

Dear Dr

One of your patients _____

has approached me to act as his/her fitness trainer.

He/she indicated that he has had a history of _____

I would therefore like your consent for _____

to commence a fully supervised fitness program.

Yours sincerely

GARY BOUKARIM
FITNESS TRAINER

20-26 Canterbury Road, Hurlstone Park NSW 2193

Tel: 9559 0000

www.chprsl.com.au

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DOCTOR'S CONSENT

I give medical approval to _____
to participate in the fitness assessment and exercise
program which will involve progressive conditioning
exercises. I certify that the person whose name appears
above is free from infectious disease, and there appears to
be no reason why a progressive exercise program should
not be undertaken.

The person named above **is** / **is not** (please cross out which
is not applicable) taking any medication which may affect
their response to exercise

If the person is taking any medication which may affect
their response to exercise please indicate the type of
medication _____
and it's possible side effects _____

Doctor's Consent: _____

Date: _____

Doctors Name: _____

Phone No: _____

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