

## Referral Form (Short)

from Physiotherapy to Exercise Professional-led community  
FaME or Otago Falls Prevention Programmes  
(Use in conjunction with Referral for Falls Prevention / Strength  
& Balance Community Exercise Programme: Guidance)



laterLife  
training™

To provide optimal support and continuity of care for older people exiting rehab programmes, LLT & AGILE recommend the **full version referral form**. In the event that physiotherapists recommend referral straight to PSI/OEP Leaders in the community (physiotherapist intervention not required), the short form may be appropriate.

- PSIs require this information to ensure best exercise prescription/programme content.
- OEP Leaders will need your recommendation for baseline exercise prescription

In discussing referral to continue exercise in the community with the individual, and **in agreeing** for this information to be shared with PSIs/OEP Leaders/exercise services.

*How would the patient prefer to be contacted to discuss best options to continue to progress strength and balance with a trained exercise professional?*

Email      Phone      Letter

### Section 1

#### Patient Details

First Name:

Surname:

Date of birth:

Address:

Telephone:

Email:

Postcode:

Nominated Contact: *(if requested)*

### Section 2

#### Referrer Details & named person to refer back

Referrer First Name:

Referrer Surname:

Job Title:

Location/Dept:

Referrer Email:

Telephone:

'Person to refer back to' email:

'Person to refer back to' telephone:

Signed:

Date:

To your knowledge, has the patient: (please document overleaf)

Any medical conditions/symptoms (including cognitive) that affect their ability to engage safely in exercise? (choose one)

Yes No Sometimes Don't know

Any ongoing medical investigations that preclude them starting exercise immediately? (choose one)

Yes No Not to my knowledge Don't know

If yes, please detail below

Has the patient had a recent medication review within a falls service assessment? (choose one)

Yes No Don't know

Has the patient experienced any adverse effects from exercise during their time with you, in relation to their physical function or/and medication regime? (choose one)

Yes No Not to my knowledge

If yes, please detail below

**i** PLEASE COMPLETE **EITHER PART A OR PART B.**

**PART A**

The Patient has been discharged without treatment from our service, I recommend:

- Referral to a PSI in the community
- Referral to an OEP Leader in the community
- Home exercise programme provided by me at discharge (content summary here OR attach a copy of the programme)

**Home exercise content summary:**  
(or attach a copy of the programme)

**PART B**

Number of visits/sessions:

Offered: Completed:

Engaged with home exercise in between sessions? (choose one)

Yes No Don't know Sometimes Not offered

**Home exercise content summary:**  
(or attach a copy of the programme)

**This patient is most appropriate for the Otago Exercise Programme. On discharge from hospital/bed-based rehabilitation or community therapy services, the exercise selection they have been doing is:** (tick all that apply)

All 5 mobility exercises from the OEP in standing	Heel toe walking	Backwards walking
All 5 mobility exercises from the OEP in seated	Toe walking	Heel toe backwards walking
Front knee strength & back knee strength	Heel toe stand	Heel walking
Side leg lift	Sideways walking	Walk and turn/figure of 8
Toe raises and heel raises	Single leg stand	Stairs (at home)
Knee bends	Sit to stand	Gradually increase weekly walking

**Other comments or specific adaptations to make related to exercise selection currently being undertaken?**

(Please note any other important aspects re: repetitions, fatigue, fear, any exercises to avoid due to pain or pre-existing impairment or disability):