

849 Burwood Road  
 EAST HAWTHORN VIC. 3122  
 Phone: 03-9882 2201  
 Or  
 Top Floor 285 Carlisle Street  
 EAST ST KILDA 3183  
 Phone: 03.9527 7966  
 Email: [bodyworld@bigfoot.com](mailto:bodyworld@bigfoot.com)



I am recommending my client undertake a monitored Living Longer Living Stronger strength training program that incorporates a progressive resistance format.

Client's name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Male / Female: \_\_\_\_\_

Phone: AH: \_\_\_\_\_ BH: \_\_\_\_\_

Email: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Telephone: \_\_\_\_\_

The following conditions were presented by the client to myself and need to be taken into consideration before commencing the program.

Hypertension	Arthritis	Heart Disease
Osteoporosis	Back Problems	High Cholesterol
Diabetes Type 1 / 2	Muscular Atrophy	Obesity
Joint Instability	Neuromuscular	Other please list

Details: \_\_\_\_\_

Other relevant information e.g. Medication that should be considered when prescribing a strength program:

I do / do not wish to be kept informed of the client's progress.

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