

# Sport and Exercise Clinic



UNIVERSITY  
OF SOUTHERN  
QUEENSLAND

Referred by:	Date: / /	Referrer Contact Details (stamp):
Patient Name:		
Patient D.O.B:		
Patient Contact Phone Number:		
Patient Email:		
Situation (Diagnosis, Current Symptoms):		
Background (Comorbidities, Ongoing Medication, Surgical History):		
Recommendation/Request/Response (Reason for this referral):		
Is there a particular service you are seeking from us?		
<input type="checkbox"/> Assessment	<input type="checkbox"/> Exercise Consultation	<input type="checkbox"/> Group Exercise
		<input type="checkbox"/> Group Education

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