



## SMART Exercise & Fall Prevention Referral Form

### Must meet the following Criteria:

- Age 65+ OR vulnerable population aged 55+ with age related conditions
- Reside in the SE LHIN Region
- Must NOT be receiving physiotherapy concurrently

### Client Information:

Name: \_\_\_\_\_ Tel.# \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Language: \_\_\_\_\_

Alternate/Primary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel #: \_\_\_\_\_

Does client have a history of falls? \_\_\_\_\_

### Relevant Medical Conditions and Mobility: (please print clearly)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TUG Score: \_\_\_\_\_ Mobility (gait aids) \_\_\_\_\_

### Referral Information:

Referral Source: (Name/Organization) \_\_\_\_\_

Tel. # \_\_\_\_\_ Fax # \_\_\_\_\_

SMART Exercise/ Fall Prevention/ Stroke) \_\_\_\_\_

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

PLEASE FAX COMPLETED FORMS TO: 1-888-355-6668