

One on One SMART Referral

(Seniors Maintaining Active Roles Together)

To be eligible, clients must:

- Be discharged from PT or not currently receiving PT
- Have functional goals that can be addressed through standardized exercise
- Be currently unable to attend group exercise
- Live in a safe home setting
- Have a goal to transition to group exercise or self-maintenance

Referring Healthcare Provider Name, Designation & Contact Number: _____

Client Telephone Number: _____

Patient/Client Name: _____

DOB: _____ HC: _____

Address: _____

Client Emergency Contact Name and Telephone Number: _____

A trained facilitator will support them to complete these exercises and stretches.

Please let us know if there are any **contra-indications** to these exercises or **any medical conditions** that might be adversely affected by gentle movement on a regular basis:

If one or more of these exercises is NOT advisable, please put an X through that particular box.

Additional Notes: _____

_____ is appropriate for the SMART gentle exercise program on this requested **start date**: _____ Yes No

Referring Health Care Providers Signature: _____











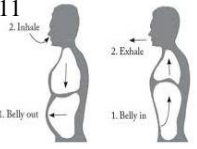

Discharge summary attached

Client Signature: _____

Date: _____

Faxed to CSC (Waterloo Region): 519-648-3737 Attn: Jenn McDonald

Faxed to VON (Guelph Wellington): 519-323-9655 Attn: Kelly Gee

1		Ankle Range of Motion
2		Standing and Seated Marching
3		Chair Stand
4		Rowing
5		Heel and Toe Raises
6		Side Leg Raise
7		Modified Hip Extension
8		Modified Push-Up
9		Arm Raises
10		Tricep Push
11		Diaphragmatic Breathing
	Seated Hamstring Stretch	Seated Calf Stretch
	Seated Shin Stretch	Wide Arm Chest Stretch
	Overhead Tricep stretch	Head Rotation (neck stretch)
12		Independent Walking