

## Living Well With Diabetes: Referral Form

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*The initiative aims to raise awareness of the lifestyle factors that contribute to diabetes and will offer resources that help individuals with diabetes or pre-diabetes adopt effective preventative and care strategies.*

- *Those individuals who take part in the initiative will benefit from subsidized URec memberships and/or personal training.*

### Client

Name:

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Telephone #/Email:

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### Referral

Agency:

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Date:

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Name of Physician/Health Care Provider:

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Telephone #:

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Address:

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Email:

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**Please provide a brief explanation of client's condition related to diabetes and why they will benefit from taking part in the initiative.**

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Based upon a current review of the health status of \_\_\_\_\_, I recommend:

- No physical activity
- Only a medically-supervised exercise program until further medical clearance
- Progressive physical activity
  - o With avoidance of: \_\_\_\_\_
  - o With inclusion of: \_\_\_\_\_
  - o Under the supervision of a CSEP-Certified Exercise Physiologist or CSEP-Certified Personal Trainer
- Unrestricted physical activity – start slowly and build up gradually

\_\_\_\_\_  
Signature of Health Care Professional

Physician/clinic stamp

**Referred to:**

Recreation Services; University of New Brunswick  
Caitlin Doyle CSEP-CEP(Certified Exercise Physiologist)  
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