



438 Hughson Street North  
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## **DIABETES EXERCISE REFERRAL FORM**

Compass Community Health offers an exercise program specifically for clients living with Diabetes

Once referral has been received we will schedule an appointment with the Diabetes nurse for an exercise clearance followed by an assessment with the Kinesiologist.

**Date:**

**Client First Name:**

**Client Last Name:**

**Address:**

**City:**

**Postal Code:**

**Phone Number:**

**Date of Birth:**

**Health Card #:**

**Family Doctor Name:**

**Doctor Phone #:**

**Please indicate exercise restrictions or contraindications due to health condition**