lifecare™
LEADERS IN PHYSIOTHERAPY
& SPORTS MEDICINE

Lifecare Prahran Sports Medicine
Level 1, 435 Malvern Rd, South Yarra 3141
ph. 9529 8899 **fax.** 9529 4248

Partnering with Swinburne University of Technology
School of Health Sciences

www.prahransportsmedicine.com.au

REFERRAL FOR ISOKINETIC - MUSCLE STRENGTH TESTING

PATIENT

Name: ____________________

Date of Birth: ______ /______ /______

Home Phone: ____________________ **Mobile:** ____________________

Email: ____________________

Private Patient | **TAC** | **Work Cover**

TESTING REQUESTED

Knee | **Other:** ____________________

Screening | **Pre-operative** | **Post-operative** | **Post injury** | **Return to Sport Test**

DIAGNOSIS AND CLINICAL NOTES

____

____

Date of injury: ______ /______ /______ **Date of Surgery:** ______ /______ /______

Surgeon: ____________________

REFERRING PRACTITIONER

Stamp

Signature: ____________________

Date: ______ /______ /______

Isokinetic testing

Room: Level 1, SPW118

Building: SPW

Location: Swinburne University of Technology, Frederick Street, Hawthorn.

Contact: Oren Tirosh; 0430 782 182