MONASH NUTRITION & EXERCISE CLINIC

MONASH University

PATIENT DETAILS

Name: ..... Date of Birth: ... / ... / ...

Address: .....

Phone (M): ..... Phone (H): .....

SERVICES REQUESTED

❍ Nutrition Clinic (Accredited Practicing Dietitian)	❍ Nutrition & Exercise Clinic (Accredited Sports Dietitian)	❍ Resting Metabolic Rate Testing

EXERCISE TESTS

❍ Running ❍ Cycling (Please bring your own bicycle)	
❍ VO_{2max} test*	
❍ VO_{2max} test with lactate response*	
❍ Submaximal test (estimate VO_{2max})	
❍ Full hydration and fluid balance assessment	
❍ Gut assessment (during exercise)	
❍ Carbohydrate & fat oxidation rates	
❍ Heat stress test	

iDXA SERVICES

❍ iDXA scan - Body Composition
iDXA Clinical Indications (please tick at least one):
❍ Suspected/high risk of Relative Energy Deficiency in Sport (RED-S)
❍ Weight loss, suspected or confirmed reduced energy availability
❍ Suspected/high risk of endocrine disturbance or impaired bone health
❍ Body composition assessment/monitoring/setting safe targets for optimal health/performance
❍ Limb asymmetry or wasting post-injury or surgery
❍ Metabolic syndrome, assessment of visceral adipose tissue

*Requires medical clearance prior to testing (see below)

REFERRER DETAILS

Name: .....

Address: .....

Phone: ..... Fax: ..... Email: .....

Discipline: ❍ General Practitioner ❍ Sport and Exercise Physician ❍ Accredited Sports Dietitian

❍ Accredited Practicing Dietitian ❍ Accredited Sports Scientist/Exercise Physiologist (ESSA)

❍ Other: .....

Report to be sent via: ❍ Mail ❍ Email ❍ Fax ❍ Request additional referral pads

❍ VO_{2max} testing: I certify that the person listed above is a patient of mine and is fit to participate in incremental exercise testing to exhaustion (NB. must be completed by a medical practitioner).

Signature: ..... Date: .....

Copies to: .....

Reason For Referral/Clinical Information: .....

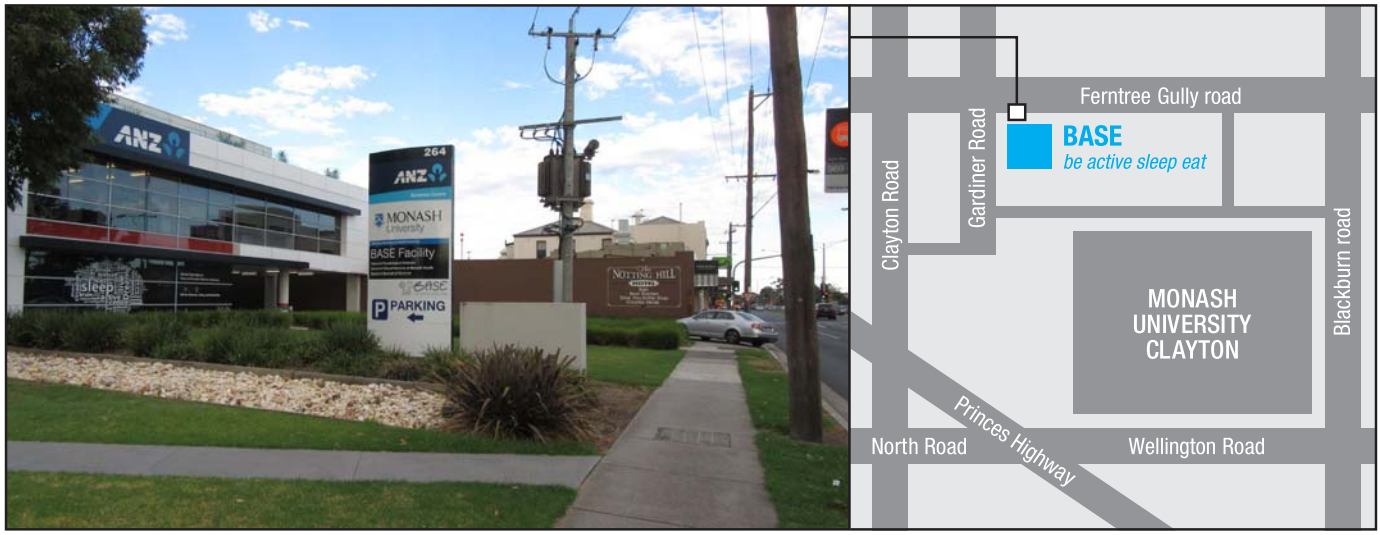
.....

PREPARING FOR YOUR TEST

- iDXA Body Composition – Please bring photo ID as well as this referral form. This test requires you to fast from 10pm the night before the test - that is, no food or drink other than water from 10pm. These tests will be given priority appointment times in the morning to reduce the amount of time fasted.
- Resting Metabolic Rate – this test requires you to fast from 10pm the night before the test. That is, no food or drink other than water from 10pm. These tests will be given priority appointment times in the morning to reduce the amount of time fasted.
- Exercise tests – Running: Please bring attire and footwear suitable for treadmill running

  Cycling: Please bring your own bike, and attire for cycling

GETTING TO BASE (The BASE facility is located on Ferntree Gully Rd, next door to the Notting Hill Hotel)



CONTACT US

Be Active, Sleep Eat (BASE)

Address: Level 1, 264 Ferntree Gully Road Notting Hill VIC 3168

Telephone: 03 9902 4270
Email: base.nutrition@monash.edu
Web: med.monash.edu.au/base/eat

OFFICE USE ONLY

❍ Photo ID Sighted (DXA only): ❍ Pre-scan questionnaire completed: Scan Date: ...../...../.....