
















One on One SMART Referral

(Seniors Maintaining Active Roles Together)

1		Ankle Range of Motion
2		Standing and Seated Marching
3		Chair Stand
4		Rowing
5		Heel and Toe Raise
6		Side Leg Raise
7		Modified Hip Extension
8		Modified Push-Up
9		Arm Raises
10		Tricep Push
11		Abdominal Engagement
12		Chest Stretch
13		Calf Stretch
14		Chin to Chest
15		Independent Walking

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 15 exercises.

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