What?
Supervised, gym-based cardiovascular rehabilitation program including individual and/or group sessions.

Why?
Cardiovascular rehabilitation programs designed and facilitated by exercise physiologists are highly successful in:
• Changing physical activity behaviours
• Preventing or delaying subsequent cardiac arrest
• Improving activity tolerance, muscle atrophy and circulation
• Improving quality of life, and
• Significantly reducing risk factors for comorbidities¹

¹Soan et al., 2014.

UWA Exercise & Performance Centre

Student Led Exercise Physiology Clinic
The EPC provides clinical training to students undertaking the Masters of Clinical Exercise Physiology.
All exercise services, including individual and group programs, are provided by postgraduate students under the supervision of Accredited Exercise Physiologists (AEP) or allied health professionals.

Program & Costs
• Medical clearance required before participation
• Initial assessments available by appointment Mon-Sat, and include cardiovascular fitness, body composition, physical function and muscle strength.

Group Sessions: Tues 11am and Thurs 11am
Individuals Sessions: By appointment Mon-Sat

Medicare and/or private health rebates may apply (Accredited Exercise Physiology)

Initial/Subsequent Assessments ($52)

Studio Sessions (3ppl) ($16 per session)

Group sessions ($10 per session)
### Rebates & Referral Pathways

- Exercise plans are paid for up-front with itemised receipts available for private health cover claiming following services
- Private health rebates may apply depending on individuals policy
- Medicare, DVA and Bulk Billing options available

<table>
<thead>
<tr>
<th>Service</th>
<th>Medicare Rebate &amp; Codes</th>
<th>Private Health Rebate &amp; Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>if applicable</em></td>
<td><em>if applicable</em></td>
</tr>
<tr>
<td>Individual/Subsequent Consultations or Assessments</td>
<td>10953/10960</td>
<td>102/500 initial consultation &amp; assessment, 202/505 subsequent consultation</td>
</tr>
<tr>
<td>Group Programs/Classes</td>
<td>N/A</td>
<td>502/560 group consultations</td>
</tr>
<tr>
<td>Exercise Studios</td>
<td>N/A</td>
<td>202/505 subsequent consultations</td>
</tr>
</tbody>
</table>

### Referral &/or Medical Clearance

Client Name: ___________________________  D.O.B: ___________________________

Specific referral information: ___________________________

I have examined ___________________________ and clear them of any obvious condition that would prevent participation in a physical activity program. Based on my assessment his/her health status is stable; however I understand you will undertake a thorough assessment to ensure your prescriptions meet their current health need.

Signed: ___________________________  Date: ________________

Referrer/DR (Stamp if available):

Clinic: ___________________________  Phone: ___________________________
Fax: ___________________________  Email: ___________________________

Preferred method of communication:

- [ ] Phone
- [ ] Email
- [ ] Fax
- [ ] Mail