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## COURSE RESOURCE

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### CLINICIAN REFERRAL & COMMUNICATION TEMPLATES

*Business & practice | Introduce yourself, escalate a concern, share progress — within scope*

**SCOPE OF PRACTICE** You coach training, general nutrition habits and progress tracking. You do not diagnose, prescribe, or adjust medication. Recognise the pattern, document it, and refer to the client's healthcare provider. Escalating something benign is a good outcome; not escalating is not.

Working alongside the client's healthcare team — not around it — is what protects the client and your practice. These templates cover the three communications you will actually send. Fill the **[bracketed]** fields. Always get the client's written consent before contacting their provider.

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#### TEMPLATE 1 — INTRODUCTION TO THE CLIENT'S PRESCRIBER / GP

Dear **[Dr. Name]**,

I am **[Your Name]**, a certified personal trainer/strength coach working with your patient **[Client Name]** (DOB **[date]**), with their consent. They are currently using a GLP-1 medication and have engaged me to support resistance training and general lifestyle habits during their treatment.

My aim is to help preserve lean mass and strength through progressive resistance training and adequate protein intake, and to monitor for and escalate any concerning symptoms to you. I work strictly within a coaching scope and do not provide medical or medication advice. If there is anything you would like me to be aware of, or any activity you would prefer I avoid, please let me know.

Kind regards, **[Your Name]** · **[Credentials]** · **[Contact]**

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#### TEMPLATE 2 — REFERRAL / ESCALATION OF A CONCERN

Dear **[Dr. Name]**,

I am writing regarding your patient **[Client Name]** (DOB **[date]**), whom I see for personal training, with their consent. Over **[timeframe]** I have observed the following,

which I am escalating for your assessment: [describe objective observations and dates — e.g. 'persistent right-upper-quadrant pain after meals reported on 3 sessions', 'progressive strength decline of ~X% over 3 weeks despite consistent training', 'reported episodes of dizziness on standing'].

I have advised **[Client Name]** to seek medical review and have paused/adjusted training as appropriate. I am not offering a diagnosis; I am flagging a pattern for your attention. Please advise on any restrictions you would like applied to their training.

Kind regards, **[Your Name]** · **[Credentials]** · **[Contact]**

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### TEMPLATE 3 — PROGRESS UPDATE (OPTIONAL, WITH CONSENT)

Dear **[Dr. Name]**,

A brief progress note on **[Client Name]**, with their consent. Since **[start date]**: resistance training [X] sessions/week; key strength markers **[maintained/improved — brief data]**; body composition **[waist/measurements trend]**; protein intake **[on/approaching target]**. No red-flag symptoms observed **[or: see separate note]**. Please let me know if you would like any changes to the program.

Kind regards, **[Your Name]** · **[Credentials]** · **[Contact]**

#### CONSENT

Do not contact a client's healthcare provider without their explicit written consent. Keep a signed consent form on file (see the Client Intake & Health-History Form).