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| Group/Community Fall Prevention Exercise (name of class, location) | Contact number |
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| Fall Prevention Program (name of class, location) | Contact number |
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| Physiotherapist/Exercise Physiologist *for balance and lower limb strength exercise*  (name of practice/practitioner, clinic location and/or ‘mobile’ for home visits) | Contact number |
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| Occupational Therapist *for home safety review* (name of practice/practitioner) | Contact number |
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| Podiatrist *for foot and ankle interventions* (name of practice/practitioner, clinic location and/or ‘mobile’ for home visits) | Contact number |
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| Pharmacist *for home medicines review (HMR)* (name of practice/practitioner) | Contact number | |
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| Multidisciplinary Agency, Falls Clinic and Other Services (name of practice/practitioners, type of services, location and/or ‘mobile’ for home visits, how to refer) | Contact number |
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