

Recommended Health and Exercise Referral Form

Part A - GP/Nurse/Physiotherapists consent

(To be completed by the registered exercise referring health professional)

Patient's name

I recommend the above patient to participate in an exercise programme of moderate intensity. I confirm that I have assessed this patient and to my knowledge there is no medical reason why he/she should not participate in a recommended exercise programme. I confirm that I have discussed the scheme with the patient.

Name of referring health professional

Signed

Part B - Patient Consent

(To be completed by the patient before attending the recommended activity). I consent to participation in a structured exercise programme of low to moderate intensity, the nature and purpose of which has been explained by my GP/ referring health professional &/or Health & Physical Activity Co-ordinator. I consent to the release of relevant medical information about myself to the Health & Physical Activity Co-ordinator. I confirm that I will keep my Healthy Activity Adviser informed of any relevant changes in my health condition/s whilst on the referral programme.

Stamp of surgery

Information obtained will be treated as confidential although it may be used in anonymised form for statistical or research purposes.

Signed

Date Date of Birth

Surgery.....

Telephone: (Day) no. (Eve) no.....

Email:

Patients Footnote –

Once this form has been completed and signed by your GP or referring health professional, complete part B of the form and contact the Healthy Lifestyle advisor for an appointment.

REMEMBER TO BRING THIS FORM WITH YOU TO YOUR RECOMMENDED EXERCISE APPOINTMENT.

Please read the accompanying information leaflet for what happens next

Part C – Medical information

(All questions to be completed by the GP/referring personnel)



1. Objective(s) of referral (tick as many boxes as apply)

- | | | | |
|-------------------------|--------------------------|----------------------------------|--------------------------|
| Falls Prevention | <input type="checkbox"/> | GP Referral | <input type="checkbox"/> |
| Improve overall health | <input type="checkbox"/> | Reduce blood pressure | <input type="checkbox"/> |
| Improve mobility | <input type="checkbox"/> | Reduce stress/anxiety/depression | <input type="checkbox"/> |
| Improve muscle strength | <input type="checkbox"/> | Lose weight | <input type="checkbox"/> |
| Improve flexibility | <input type="checkbox"/> | Improve respiration | <input type="checkbox"/> |
| Osteoporosis prevention | <input type="checkbox"/> | Other (please state) | <input type="checkbox"/> |

2. Baseline measures

Resting HR	HR Regular	Systolic BP	Diastolic BP
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3. Relevant Medical History

4. Medical and possible side effects

5. Use the space below to add further comments, which may be taken into account when recommending the patient to an appropriate exercise programme.

If you have any queries please contact the Community Engagement Team on 01594 812617