



This is a referral form for an Exercise Programme aimed at the older adult; those with a health condition; and/or those who haven't exercised before and don't know where to start. This form can be completed by a Health Practitioner, when the person is seen within a healthcare setting, or by the participant themselves.

To the Health Practitioner

Where there are relevant health concerns, it would be helpful if you completed this form, particularly Section 6. This will reassure the Exercise Instructor in providing suitable, safe exercise.

To the Participant

Before you begin exercising, the instructor needs to know more about you to ensure a safe and effective exercise programme. Please help us to help you by completing the relevant information.

REFER2EXERCISE

Referral Form

SECTION 1: To be completed by Health Practitioner/Participant

Name Male Female

Date of birth

Address Postcode:

Telephone no. Emergency contact no.

GP contact details

SECTION 2: To be completed by Health Practitioner/Participant

Do you/the patient...	YES	NO
have a heart condition? (e.g. heart attack, angina, heart palpitations, valve replacement, by-pass, other)	<input type="checkbox"/>	<input type="checkbox"/>
feel pain in the chest at rest or when doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
get very short of breath at rest or doing light activity?	<input type="checkbox"/>	<input type="checkbox"/>
often lose balance because of dizziness or ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
know of any other reason not to exercise?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: To be completed by Health Practitioner/Participant

Do you/the patient have...	YES	NO
a lung condition (e.g. COPD, emphysema, chronic bronchitis, asthma or any other)?	<input type="checkbox"/>	<input type="checkbox"/>
previous stroke?	<input type="checkbox"/>	<input type="checkbox"/>
high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
bone/joint/muscular condition (e.g. osteoporosis, back pain, arthritis)?	<input type="checkbox"/>	<input type="checkbox"/>
neurological condition (e.g. MS, Parkinson's)?	<input type="checkbox"/>	<input type="checkbox"/>
mental health condition?	<input type="checkbox"/>	<input type="checkbox"/>
overweight?	<input type="checkbox"/>	<input type="checkbox"/>
frequent falls?	<input type="checkbox"/>	<input type="checkbox"/>
Any other condition, please detail	<input type="text"/>	

SECTION 4: To be completed by Health Practitioner/Participant

Please provide details of any other information or needs that the instructor should be aware of, e.g. use a walking stick, have other disability, hearing or sight difficulties:

SECTION 5: To be completed by Health Practitioner/Participant

Please list medication taken or attach a repeat prescription:

SECTION 6: To be completed by Health Practitioner (if referring from a healthcare setting)

Based on my knowledge of this patient, I know of no reason why they should not participate in the exercise programme.

BP Pulse Regular Irregular

Print Name

Signature Date:

SECTION 7: To be completed by Exercise Instructor

If answered YES to any of the questions in SECTION 2, you must:

- Inform GP via standard letter and wait 2 weeks before participant attends class
 - Date Letter Sent: UNLESS
- Section 6 has been completed by Health Practitioner

For further advice and guidance, please refer to the BE ACTIVE...live well 'Protocol for Referral, Sign-posting and Assessment'. Please contact the GP/Health Practitioner and/or Clinical Adviser if you have any concerns.

BP Pulse Regular Irregular (take if not known)

Comments

SECTION 8: To be completed by Exercise Instructor

I have reviewed the information provided and the participant is to commence the Exercise Programme.

Print Name

Signature Date:

SECTION 9: To be completed by Participant

- To the best of my knowledge I have given full and correct information
- I will inform the instructor as soon as possible if any of the information changes
- I agree to the above information to be shared with any appropriate staff involved in the Exercise Programme

Print Name

Signature Date: