

# Physical Activity/ Exercise Referral Form

Practice Stamp

To be completed by referrer.  
Please send direct to preferred leisure centre.  
Please use black ballpoint/ink and block capitals.

## Patient details

Surname

Forename

Gender

M / F

D.o.B

Ethnicity

Address, including full postcode

Post Code:

Telephone number

Email address

## Details of referrer

Referrer/GP's name

Position

Address, including full postcode

Post Code:

Telephone number

## Reason for referral

## Clinical diagnosis and/or current conditions - all conditions must be stable

1.	4.
2.	5.
3.	6.

## Medication

1.	4.
2.	5.
3.	6.

Blood Pressure

<180/100

## Please indicate if the patient is susceptible to any of the following conditions:

<input type="checkbox"/>	Arrhythmia	<input type="checkbox"/>	Osteoporosis	<input type="checkbox"/>	HTN	<input type="checkbox"/>	Joint pain
<input type="checkbox"/>	Hypoglycemia	<input type="checkbox"/>	Abnormal muscle	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Angina
<input type="checkbox"/>	Urinary frequency	<input type="checkbox"/>	Impaired alertness	<input type="checkbox"/>	Infection	<input type="checkbox"/>	Obesity
<input type="checkbox"/>	Impaired cognition	<input type="checkbox"/>	Dizziness, falls	<input type="checkbox"/>	Skin irritations, rashes		

"I the patient give my explicit consent for any relevant clinical information about my health to be transferred to the scheme coordinator and referral instructor".

Patient's signature

Date

"I the referrer have checked the referral criteria and deem my patient appropriate to take part in the scheme".

Referrer signature

Date

The leisure provider will manage your data securely and in accordance with all relevant Data Protection laws. We will use your data for managing the services we provide. We do not pass or sell on any of your data to any 3<sup>rd</sup> parties. By signing above you agree to the leisure provider holding your data and communicating via the contact information provided.

[www.bristol.gov.uk/social-care-health/exercise-referral-programmes](http://www.bristol.gov.uk/social-care-health/exercise-referral-programmes)

