

# Exercise Referral Form

To be completed by referrer.

**Please send direct to preferred leisure centre.**

Please use black ballpoint/ink and block capitals.

| Surname | Forename  | Gender |
|---------|-----------|--------|
|         |           |        |
| DoB     | Ethnicity |        |
|         |           |        |

**Address, including full postcode**

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|  |

**Telephone number**

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**Email Address**

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Details of referrer

Referrers name

Position

|  |  |
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Referrer's address

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Referrer's telephone number

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**Reason for referral**

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**Clinical diagnosis and/or current conditions – all conditions must be stable**

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**Medications**

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Blood pressure

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

|            |              |           |              |            |        |           |               |
|------------|--------------|-----------|--------------|------------|--------|-----------|---------------|
| Arrhythmia | Osteoporosis | Cognition | Urinary Freq | Joint Pain | Angina | Dizziness | Hypoglycaemia |
|------------|--------------|-----------|--------------|------------|--------|-----------|---------------|

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|       |             |        |         |                  |     |           |           |
|-------|-------------|--------|---------|------------------|-----|-----------|-----------|
| Falls | Muscle Tone | Asthma | Obesity | Skin Irritations | HTN | Alertness | Infection |
|-------|-------------|--------|---------|------------------|-----|-----------|-----------|

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"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 Signature**

**Date**

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

**Referrer Signature**

**Date**

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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/physical-activity-referral-scheme](http://www.bristol.gov.uk/social-care-health/physical-activity-referral-scheme)