Exercise Referral Scheme - Referral Form

THE KING'S SCHOOL CANTERBURY SPORTS CENTRE

Please **PRINT** all details carefully using **BLOCK CAPITALS**

Patient Eligibility Criteria

Patients must be:

- Aged 19 years and over
- Inactive (less than 30 minutes of moderate physically activity per week)
- Meet at least one of the inclusion criteria listed below
- Committed to making a long term lifestyle change
- Clients must be clinically stable and compliant with their medication

The following are **excluded** from the exercise referral scheme:

- Aortic stenosis
- Unstable angina
- Resting tachycardia >100bpm
- Unstable mental health status
- Systolic blood pressure (BP) >180mmHg and/or BP >100mmHg
- Unstable or acute heart failure
- Uncontrolled arrhythmias
- Uncontrolled diabetes
- Any other condition which may be exacerbated by exercise

Patient Details

Client name: ……

Date of Birth:…… Telephone Number: ……

Reason for referral (please tick (✓) **all** boxes that apply)

- □ Alcohol/drug rehabilitation
- □ Cancer
- □ Cardiovascular disease*
- □ Completion of cardiac rehab
- □ Completion of pulmonary rehab
- □ Diabetes
- □ Family history of coronary heart disease
- □ Heart failure
- □ High cholesterol
- □ Hypertension
- □ Joint/mobility/musculoskeletal problem*
- □ Mental health/emotional wellbeing*
- □ Neurological condition[1] *
- □ Obesity (BMI >30kg/m²)
- □ Overweight (BMI 25-29.9kg/m²)
- □ Smoker

[1]Where clinically appropriate it is expected that following a Transient Ischemic Attack or Stroke the patient will have already completed neurological rehabilitation

*Please include specific condition ……

Relevant past and present medical information, additional information and specific considerations

Please write any information that could affect your client's ability to exercise or that the exercise professional may need to know in order to ensure a safe and effective programme of activity is developed (including any relevant medication).

……

……

This is a double-sided form; the reverse must be completed for the referral to be accepted

Height (m)		Weight (kg)		Blood Pressure (mmHg)		Resting Heart Rate (bpm)	

Referring health professional (Please **PRINT** using **BLOCK CAPITALS** or your practice stamp)

Name:

Job title:

Contact number:

Address:

To the best of my knowledge, the information provided is an accurate representation of the above patient's health. I believe the named patient to be clinically stable and medically safe to participate in a structured exercise referral programme.

Signature…… Date…….

Please make sure you have informed the client of the next steps to join the scheme and make them aware of the notes below. The patient should be made aware that they will need to take this form to their chosen Leisure Provider who will use the relevant medical information to design their exercise programme.
The patient is aware that participation in the scheme is voluntary and not free, and they will be required to give consent to the Leisure Provider for participation.

simply connect

Simply Connect Canterbury – Connecting you to your local community.

Visit the following website to select an Exercise Referral Scheme

https://canterbury.simplyconnect.uk/

Notes for client: Please read the following before registering with the scheme:

- The exercise referral scheme is for inactive people, those not used to structural physical activity.
- You must be **committed** to making a long-term lifestyle change and be ready to start a programme of physical activity.
- The scheme is **not free**. The cost will vary depending on the activity and exercise provider you choose.
- You are entitled to only one referral. It is not appropriate to be continuously referred for the same condition.
- When you contact the Exercise Referral provider, they will book an induction/assessment to discuss the next step and options available with you. This assessment could identify that you do not meet the eligibility for the scheme and the local provider has the right to decline your engagement on the scheme. You will be required to consent to the scheme at this point.
- Activities vary depending on the exercise provider you go to. There are many options available so please call the provider if you are unsure about what you would like to do or where you might like to go.
- Please ensure that you know or are able to read the full name of the health professional referring you.
- This referral form is **valid for 1 month** from when it is signed by the health professional (unless there are significant changes in your health status; in this instance a new form is required).
- It is your responsibility to inform the exercise professional of any changes to your health status.
- **Please take this referral form and a list of any medications you are taking with you to your first appointment.** The exercise professional will not carry out an appointment without the signed form.
- The Exercise Referral provider will be responsible for holding and processing of your data in line with data protection regulations.