

ONE YOU KENT

Exercise Referral Scheme - Referral Form

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 physical 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

Resting tachycardia >100bpm

Systolic blood pressure (BP) >180mmHg
and/or BP >100mmHg

Uncontrolled arrhythmias

Uncontrolled diabetes

Unstable angina

Unstable mental health status

Unstable or acute heart failure

Any other condition which may be
exacerbated by exercise

Patient Details

Client name:

Date of Birth:.....

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

Alcohol/drug rehabilitation

High cholesterol

Cancer

Hypertension

Cardiovascular disease*

Joint/mobility/musculoskeletal problem*

Completion of cardiac rehab

Mental health/emotional wellbeing*

Completion of pulmonary rehab

Neurological condition¹ *

Diabetes

Obesity (BMI >30kg/m²)

Family history of coronary heart disease

Overweight (BMI 25-29.9kg/m²)

Heart failure

Smoker

¹Where 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)	<input type="text"/>	Weight (kg)	<input type="text"/>	Blood pressure (mmHg)	<input type="text"/>	Resting heart rate (bpm)	<input type="text"/>
------------	----------------------	-------------	----------------------	-----------------------	----------------------	--------------------------	----------------------

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 they will be required to give consent to the Leisure Provider for participation.

Exercise Referral consultations are currently available in three slots on Mondays:

- 8.50am to 9.50am
 - 10.10am to 11.10am
 - 11.30am to 12.30pm
1. To book your initial consultation, please phone reception on 01227 823623
 2. Please complete the [Covid-19 declaration](#) (PDF, 200kb) and the [referral health questionnaire](#) (PDF, 200kb), save and return to e.l.coult@kent.ac.uk. These are editable documents so no need to print
 3. All of the above need to be completed before the initial consultation

Please ensure that you cancel any appointments you cannot attend.

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.