

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:

Contact email:

Contact phone:

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 condition¹ *
- Obesity (BMI >30kg/m²)
- Overweight (BMI 25-29.9kg/m²)
- 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:

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

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).

Height (m)	Weight (kg)	Blood pressure mmHG	Resting heart rate (bpm)
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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 [referral health questionnaire](#) (PDF, 200kb), save and return to **e.i.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.