



First name: _____ Surname: _____ Gender: _____
 DOB: _____ Mobile: _____ Daytime tel: _____
 Address: _____
 _____ Postcode: _____
 GP: _____ GP practice: _____

Please state if the patient has any of the following contraindications to physical activity, if yes the patient will not be eligible to join the scheme.

- | | | |
|--|---|---|
| <input type="radio"/> Unstable Angina | <input type="radio"/> Uncontrolled Diabetes | <input type="radio"/> Recent acute soft tissue injury |
| <input type="radio"/> Systolic Blood Pressure 180mm/Hg at rest | <input type="radio"/> Diastolic Blood Pressure 100mm/Hg at rest | |
| <input type="radio"/> Uncontrolled Tachycardia 100bpm at rest | <input type="radio"/> Unstable or acute heart failure | |

Reason for referral: Inactive

- Controlled Hypertension
- Unhealthy Weight (BMI>28)
- High Cholesterol Levels
- Musculoskeletal Rehabilitation
- Back Pain

AND please tick at least one of these other criteria

- Osteoporosis
- Stroke
- Cancer
- Heart Disease
- Other (please state) _____
- Smoker
- Controlled Diabetes
- Osteoarthritis/ Rheumatoid Arthritis
- Mild to Moderate Mental Health Condition
- COPD

Medication:

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

Blood Pressure: Systolic: _____ Diastolic: _____

Additional comments/ Relevant conditions:

Healthcare Professional Declaration:

I am not aware of any contra-indication to physical activity for this referred patient.

Print name: _____ Profession: _____ Date: _____

Patient informed consent:

I have had the scheme explained to me, I agree to participate and give my consent for the sharing of relevant health information about myself between the appropriate healthcare and exercise professionals. I consent to the above information being held on a database.

Print name: _____ Profession: _____ Date: _____