



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.

- Unstable Angina
- Uncontrolled Diabetes
- Recent acute soft tissue injury
- Systolic Blood Pressure 180mm/Hg at rest
- Diastolic Blood Pressure 100mm/Hg at rest
- Uncontrolled Tachycardia 100bpm at rest
- Unstable or acute heart failure

Reason for referral: Inactive

AND please tick at least one of these other criteria

- Controlled Hypertension
- Osteoporosis
- Smoker
- Controlled Diabetes
- Unhealthy Weight (BMI>28)
- Stroke
- Osteoarthritis/ Rheumatoid Arthritis
- High Cholesterol Levels
- Cancer
- Mild to Moderate Mental Health Condition
- Musculoskeletal
- Heart Disease
- COPD
- Rehabilitation Back Pain
- Other (please state) _____

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.

All personal data provided will be held in accordance with GDPR. For more information, please view SLL's Privacy Policy at reception, find it in the footer of our website at www.sll.co.uk or request for an email copy at enquiries@sll.co.uk

Print name: _____ Sign: _____ Date: _____