

If you would like to join the exercise referral scheme, please contact your GP or medical professional to gain clearance to exercise. You will not be accepted onto the scheme without the completed form.

www.sll.co.uk/exercise-referral

First name:	Surname:	Gender:
DOB:	Mobile:	Daytime tel:
Address:		·
		Postcode:
		GP practice:
Please state if the patient has any of the	e following contraindication	ns to physical activity, if yes the patient will not be eligible to join the scheme.
O Unstable Angina		ntrolled Diabetes O Recent acute soft tissue injury
O Systolic Blood Pressure 180mm/Hg	g at rest O Diasto	olic Blood Pressure 100mm/Hg at rest
O Uncontrolled Tachycardia 100bpm at rest		
Reason for referral: $\bigcirc$ Inactive	AND please tick at	t least one of these other criteria
O Controlled Hypertension	Osteoporosis	Smoker Controlled Diabetes
O Unhealthy Weight (BMI>28)	O Stroke	OCOPD Long Covid
O High Cholesterol Levels	Cancer	Osteoarthritis/ Rheumatoid Arthritis
Musculoskeletal	Heart Disease	Mild to Moderate Mental Health Condition
O Rehabilitation Back Pain	Other (please s	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.

I have explained the scheme to the patient and they have given consent for the sharing of relevant health information between the appropriate healthcare and exercise professionals, consenting 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



If you would like to join the exercise referral scheme. please contact your GP or medical professional to gain clearance to exercise. You will not be accepted onto the scheme without the completed form.

www.sll.co.uk/exercise-referral

#### Hertfordshire



Maria Esson Archers Gym, Hitchin Swimming Centre Fishponds Road, Hitchin, Herts SG5 1HA maria.esson@sll.co.uk 01462 437 111



Gemma Day Royston Leisure Centre Woodcock Road, Royston, Herts SG8 7XT gemma.day@sll.co.uk 01763 255 190

#### NORTH HERTS LEISURE CENTRE

Mark Jennings North Herts Leisure Centre Baldock Road, Letchworth, Herts SG6 2ER mark.jennings@sll.co.uk

# lifestyles at knights

Hannah Walter Knights Templar Sports Centre Weston Way, Baldock, Herts SG7 6EY hannah.walter@sll.co.uk 01462 631 300

# lifestyles stevenage

Exercise Referral Team Stevenage Arts & Leisure Centre Lytton Way, Stevenage, Herts, SG1 1LZ exref.lifestyles@sll.co.uk 01438 579 379

#### Rutland



Anneka Sherratt Huntsmans Drive, Oakham, LE15 6RP anneka.sherratt@sll.co.uk 01572 490 030

Bedfordshire

# lifestyles (a) dunstable

Michael Midson Court Drive, Dunstable, LU5 4JD micahel.midson@sll.co.uk 01582 361 400

### lifestyles @ saxon

Natalie Darnell Saxon Drive, Biggleswade, Beds SG18 8SU natalie.darnell@sll.co.uk 01767433133

# lifestyles at pendleton

Sam Deards Stotfold Road, Arlesey, SG15 6XS sam.deards@sll.co.uk 01462 341 114

# lifestyles (a) flitwick

Jo Kerrigan Steppingley Rd, Flitwick, Beds, MK45 1TH jo.kerrigan@sll.co.uk 01525 493 131

### lifestyles @ sandy

Dan Stolworthy Engayne Avenue, Sandy, Beds SG19 1BL dan.stolworthy@sll.co.uk 01767 681 872

# lifestyles **at silsoe**

Anna Figliola Chestnut Avenue, Silsoe, Beds, MK45 4GP Anna.Figliola@sll.co.uk 01525 860357



Sandra Ratuszynska Parkside Drive, Houghton Regis, Beds LU5 5PY sandra.ratuszynska@sll.co.uk 01582 866 141

### lifestyles (a) tiddenfoot

Lucy Gregory Mentmore Rd, Leighton Buzzard, Beds, LU7 2AF lucy.gregory@sll.co.uk 01525 375765