



Exercise Referral Scheme

Do you have a medical condition and want to be more active but not sure what you can do?

With the help of SLL's specialist exercise professionals, you can receive guidance and support to help you get active again.

Access swimming, exercise classes, gym workouts and other activities suitable for your fitness level and medical history.

Any North Herts resident will receive an eight week FREE exercise referral trial.*

Valid until the end of March 2025. *Spaces are limited.



Fishponds Road, Hitchin, SG5 1HA
enquiries.hitchin@sll.co.uk 01462 441646

**NORTH HERTS
LEISURE CENTRE**

Baldock Road, Letchworth, SG6 2ER
enquiries.letchworth@sll.co.uk 01462 679311



Woodcock Road, Royston, SG8 7XT
enquiries.royston@sll.co.uk 01763 255190

How can I join?

To join this scheme, please contact a health care professional that can access your care records to discuss and sign the form attached to this leaflet. Accepted health care professionals include GP's, practice and district nurses, GP link workers, social prescribers and health coaches amongst others. Once they have confirmed you would be suitable for the scheme, please contact your chosen leisure centre to arrange a consultation. Please ensure you take your completed form to the consultation. New applications only – existing or previous members are not eligible.

What happens at the consultation?

You and the Exercise Referral Coordinator will discuss your medical conditions and health history as well as your medication and any other wellbeing factors that may need to be considered. They will discuss suitable choices and support you to access these.

If your preferred option is the gym, an appointment will be made for an induction where you will be given a unique programme that will be specific to your needs.

What happens after the eight week free trial?

At the end of your free eight week period, you will be offered the opportunity to continue with the exercise referrals scheme at a discounted membership rate, please discuss this with your exercise referral coordinator.



**Funded by
UK Government**

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government through the UK Shared
Prosperity Fund.**

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

Firstname: _____ **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

Osteoporosis **Smoker** **Stroke** **Cancer**

Heart Disease **COPD** **Osteoarthritis/ Rheumatoid**

Arthritis **Mild to Moderate Mental Health Condition**

Controlled Hypertension **Unhealthy Weight (BMI>28)**

High Cholesterol Levels **Musculoskeletal 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. 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

Print name: _____

Sign: _____ **Date:** _____