



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

- | | | | |
|---|--|--|---|
| <input type="radio"/> Controlled Hypertension | <input type="radio"/> Osteoporosis | <input type="radio"/> Smoker | <input type="radio"/> Controlled Diabetes |
| <input type="radio"/> Unhealthy Weight (BMI>28) | <input type="radio"/> Stroke | <input type="radio"/> Osteoarthritis/ Rheumatoid Arthritis | |
| <input type="radio"/> High Cholesterol Levels | <input type="radio"/> Cancer | <input type="radio"/> Mild to Moderate Mental Health Condition | |
| <input type="radio"/> Musculoskeletal | <input type="radio"/> Heart Disease | <input type="radio"/> COPD | |
| <input type="radio"/> Rehabilitation Back Pain | <input type="radio"/> 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: _____



Exercise Referral Scheme

SLL

If you would like to join the exercise referral scheme, please print this form and take it to your GP or medical professional to gain clearance to exercise. Once the form has been completed contact your nearest SLL centre to book a consultation, you will not be accepted onto the scheme without the completed form.

Hertfordshire

lifestyles at knights

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

Bedfordshire

lifestyles at pendleton

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

lifestyles at silsoe

Anna Shaw
Silsoe Community Sports Centre
Chestnut Avenue, Silsoe, Beds, MK45 4GP
matt.shaw@sll.co.uk 01525 860357