

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.

First name:		Gender:
		Daytime tel:
Address:		
		Postcode:
GP:	GP p	ractice:
Please state if the patient has an	y of the following contraindications to	physical activity, if yes the patient will not be eligible to join the sche
Unstable Angina	, Uncontroll	
Systolic Blood Pressure 180	mm/Hg at rest ODiastolic Blo	ood Pressure 100mm/Hg at rest
Uncontrolled Tachycardia 1		r acute heart failure
Reason for referral: O Inactive	e AND please tick at least	one of these other criteria
Controlled Hypertension	Osteoporosis	Smoker Controlled Diabetes
O Unhealthy Weight (BMI>28	) Stroke	Osteoarthritis/ Rheumatoid Arthritis
High Cholesterol Levels	Cancer	Mild to Moderate Mental Health Condition
Musculoskeletal	Heart Disease	OCOPD
Rehabilitation Back Pain	Other (please state)	
Medication:		
	2	<u>,                                      </u>
3	4	
5	6	
Blood Pressure: Systolic:	D	iastolic:
Additional comments/ Relevant	conditions:	
Healthcare Professional Declara		
I am not aware of any contra-ind	dication to physical activity for this refe	rred patient.
Print name:	Profession:	Date:
health information about mysel- held on a database.	between the appropriate healthcare	gree to participate and give my consent for the sharing of relevant and exercise professionals. I consent to the above information being r more information, please view SLL's Privacy Policy at reception, find

\_\_\_\_\_ Date: \_\_\_\_



Hertfordshire

lifestyles at knights

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lifestyles at pendleton

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