



Exercise Referral Scheme



Please use this form to make referrals to the Rochford Exercise Referral Scheme

Patient Details Name: Address Telephone (day) (eve)	Referrer details (please stamp) <input type="checkbox"/> GP <input type="checkbox"/> Nurse <input type="checkbox"/> Therapist
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Reason for referral (what would you like the person to achieve from participation in the programme)

Referral Category

Older Person Sedentary Obese CHD Risk Type 2 Diabetes

Stage of Health Behaviour Change

Not considering exercise Regularly active < 6 months
 Considering exercise Regularly active > 6 months
 Ready to exercise Made previous unsuccessful attempts

Patient profile Age Sex Male <input type="checkbox"/> Female <input type="checkbox"/> Current diagnoses and/or problems 1 2 3 Previous/inactive diagnoses or problems 1 2 BP/..... HR BMI Medication 1 2 3 Known CHD risk factors 1 2	Smoking History 1 – 10 per day > 10 per day Quit > 2 years Never smoked Please note possible effects of medication and/or diagnoses on the patient's safe and/or comfortable conduct of exercise: <input type="checkbox"/> Heart rate not an indicator of exercise intensity <input type="checkbox"/> Suppression of pain <input type="checkbox"/> Other Is there a history of any of the following conditions that has not been noted? <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Arrhythmias <input type="checkbox"/> Ischaemic Heart Disease <input type="checkbox"/> Angina Other precautions or special considerations to be observed when planning the exercise programme:
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Patient's signature I have had the risks and benefits of undertaking a supervised exercise programme, and remaining sedentary, explained to me in terms I understand, and agree to this information being shared with the exercise instructor. Signature Date	Referrer's signature I refer this patient to the Rochford Exercise Referral Scheme Signature Date
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Please phone Clements Hall on 01702 – 207777 to arrange your first visit