



## South Cambridgeshire District Council Exercise Referral Scheme & Referral Form

The Active & Healthy 4 Life exercise referral scheme is designed to create a positive change through exercise for those patients with specific medical health conditions. The benefits are seen through attending regular exercise sessions of at least twice a week in addition to and enhancing daily life activities. The aim being that this is the start of the patients journey to include exercise as a regular part of daily life.

### To the health professional:

Physical activity referral is one way of increasing physical activity levels of patients with specific medical conditions. Please refer to the scheme inclusion criteria and use your professional judgement to determine whether the exercise referral scheme is the most appropriate route for your patient. Please complete this form and hand to the patient being referred.

### To the patient:

The Active & Healthy 4 Life scheme consists of the following:

- An initial assessment with a qualified referral instructor
- A personal exercise programme to follow in a gym environment
- Encouraged to attend a minimum of 2 sessions per week agreed with the instructor
- Access to other classes/sessions on offer at the sports centre (providing health condition and progress means this is appropriate), with guidance provided by the instructor
- Regular contact with the instructor.
- A final assessment at 4 months is undertaken with the instructor and the patient discharged from the scheme.
- The patient is encouraged to continue exercising at the sports centre and with activities established in daily life.

Cost to join the scheme subsidised by South Cambridgeshire District Council:

- £20 per month for 4 consecutive months paid to the sports centre by direct debit (except for Cambourne).

To make your initial assessment appointment please call the sports centre of your choice from the list below. Take this form with you and give it to your Active & Healthy 4 Life scheme instructor.

Cambourne Fitness & Sports Centre	01954 714070	Comberton Fitness Centre	01223 264444
Anglian Leisure Bottisham Sports Centre	01223 811121	Impington Sports Centre	01223 200404
Melbourn Sports Centre	01763 263313	Sawston Sports Centre	01223 712555
Swavesey Sports Centre	01954 234453	Linton Sports Centre	01223 890248
Gamlingay Leisure	01767 651785		

The following centre is planning to run Exercise Referral, please check the website below at the time of the referral.  
Northstowe Sports Centre.

**South Cambridgeshire District Council use anonymised data for monitoring and evaluation purposes, but not for any other purpose, and that personal data will not be shared with any other organisation. Full details of South Cambridgeshire District Council Privacy Notice [www.scambs.gov.uk/privacynotice](http://www.scambs.gov.uk/privacynotice).**

For further information and updates on the scheme visit [www.scambs.gov.uk/active](http://www.scambs.gov.uk/active), call 01954 713070 or email [AandH4L@scambs.gov.uk](mailto:AandH4L@scambs.gov.uk).

## SOUTH CAMBRIDGESHIRE: EXERCISE REFERRAL FORM

<b>Date of referral:</b> ____/____/____					
<b>Patient's details</b>			<b>Referrer's details</b>		
Name:			Name:		
Date of birth: ____/____/____			Profession:		
Address:			Surgery/Dept:		
Post code:			Telephone:		
Contact number:			Email:		
Contact email:					
Emergency contact name:			Patient Registered medical practice:		
Emergency contact number:			Patient GP:		
<b>Baseline measurements within previous six months (complete if applicable)</b>					
BP:	RHR:	Cholesterol:	Weight (kg): Height(cm):	BMI:	Hba1c:
<b>Reason for referral</b> Please tick all that apply					
Asthma	<input type="checkbox"/>	Rheumatoid arthritis	<input type="checkbox"/>	Stress	<input type="checkbox"/>
COPD	<input type="checkbox"/>	Simple mechanical back pain	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>
Osteoarthritis	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Diabetes: Type 1	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	Hypercholesterolaemia	<input type="checkbox"/>	Diabetes: Type 2	<input type="checkbox"/>
Joint replacement	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Pre-diabetic	<input type="checkbox"/>
Prehabilitation	<input type="checkbox"/>	Cancer	<input type="checkbox"/>		<input type="checkbox"/>
<b>Other (please specify):</b>					
<b>Medication</b> Please provide a list of medication being taken, and what for OR provide by attaching prescription list					
Medication (e.g. beta blockers):			Taken for (e.g. high blood pressure):		
Does the medication prescribed cause any of the following, which may affect the patient's ability to exercise safely?					
HR not indicative of exercise intensity	<input type="checkbox"/>	Suppression of pain	<input type="checkbox"/>	Dizziness	<input type="checkbox"/>
If there are any activities that you DO NOT wish your patient to take part in please indicate below:					
<b>Health professional consent</b>					
To the best of my knowledge, the information provided is an accurate representation of the above patient's health. I have discussed the exercise referral scheme with this patient and I believe them to be clinically stable and medically safe to participate in a tailored/prescriptive programme of physical activity.					
I am a Health Professional qualified to refer patients. Yes/No					
I am a Social Prescriber/Health Coach with permission from the patients surgery to refer patients. Yes/No					
Signature:		Print name:		Date: ____/____/____	
<b>Patient consent</b>					
The Active & Healthy 4 Life exercise referral scheme has been fully explained to me. I am prepared to participate and I give permission for my information to be passed to staff working on the scheme.					
I understand that South Cambridgeshire District Council may use my anonymised data for monitoring and evaluation purposes, but not for any other purpose, and that my personal data will not be shared with any other organisation. Full details of South Cambridgeshire District Council Privacy Notice <a href="http://www.scambs.gov.uk/privacynotice">www.scambs.gov.uk/privacynotice</a>					
I understand that I am responsible for monitoring my own responses during exercise and will inform the instructor of any worsening in my symptoms, any changes to my medication, and the results of any investigations or treatment.					
Patient's signature:		Print name:		Date: ____/____/____	