

Client Exercise Referral Form (to be completed by the Exercise Referral Specialist)

To book appointment at Anglian Leisure Bottisham:  
01223 811121 or email Exercise Referral Specialist [jjamieson@bottishamvc.org](mailto:jjamieson@bottishamvc.org)

**Client's Details**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Email address \_\_\_\_\_ Telephone \_\_\_\_\_

**Carer's Details**

Does the client need support from a carer during physical activity Yes \_\_\_\_\_ No \_\_\_\_\_

Carer's Name \_\_\_\_\_ Telephone \_\_\_\_\_

**Client's Medical Information**

Blood Pressure \_\_\_\_\_ Resting HR \_\_\_\_\_ Waist Circumference \_\_\_\_\_ BMI \_\_\_\_\_

**Purpose of Referral**

Weight Loss \_\_\_\_ Asthma \_\_\_\_ Cancer \_\_\_\_ Stroke \_\_\_\_

Chronic Fatigue Syndrome \_\_\_\_ Cardiac Rehab \_\_\_\_ Multiple Sclerosis \_\_\_\_ Arthritis \_\_\_\_

Joint Injury Rehab \_\_\_\_ Osteoporosis \_\_\_\_ Hypertension \_\_\_\_ Mental Health \_\_\_\_

Diabetes Type 1 or 2 \_\_\_\_

**Medication:**

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Implications: \_\_\_\_\_

**GP's or Health Professionals Declaration**

I refer this client to the Anglian Leisure Bottisham Referral Scheme under the terms and conditions set out in the Exercise Referral Protocol. All client's details relevant to safe exercise have been included.

Referrer's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Position \_\_\_\_\_ Email \_\_\_\_\_

**Patient Informed Consent**

The Anglian Leisure Bottisham's Referral Scheme has been fully explained to me and I am willing to participate in an exercise programme designed to meet my needs. I will give consent for any relevant clinical information about me to be passed to relevant Exercise Referral Staff and make sure that I inform my instructor of any changes in my medication or health status. I understand that I can discontinue the scheme at any time. I understand that there is a charge to this scheme.

Name of Client \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

This referral is valid for 3 months

All information in this form will be treated with upmost confidence and stored securely in accordance to the Data Protection Act 1998.

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**Terms and Conditions**

1. The referral documentation to the exercise professional must clearly state the relevant information about the patient's health status as outlined above.
2. Social prescribers should pass on any information about any changes in the health of the patient to the exercise professional in a timely manner to support the client's suitability to exercise.
3. All referrals should be able to explain the effectiveness and possible risks of physical activity in relation to specific medical conditions in relation to the care plan for the patient.
4. All referrals should have strategies that support best practice for facilitating behaviour change in clients and their response to exercise.
6. All social prescribers should retain responsibility for patients while they are on the exercise referral scheme.
7. Social prescribers should remember that the exercise referral scheme is not a substitute for physiotherapy.
8. Allied health professionals should inform the patient's GP via letter that they have referred a patient for exercise on referral.
9. Contraindications to exercise therefore under no circumstance should patients who present with the following conditions be referred to the service:
  - Cardiac Dysfunction or Disease
  - Acute Coronary event/Intervention/Diagnosis including: Stable Angina, Myocardial Infarction, CABG, Valve Replacement, Angioplasty, Stent, Heart Failure
  - Stroke/TIA - Recent but > 3 months ago
  - 20% CVD risk in next 10 years
  - And any other high-risk conditions
10. Social prescribers should not refer patients to the service who are under 16 years old, who have previously been on the programme (unless they present with a new or deterioration in health condition) or for patients who have a BMI >30 without an related medical diagnosis.

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