

# Recommended Health and Exercise Referral Form

## Part A - GP/Nurse/Physiotherapists consent

(To be completed by the registered exercise referring health professional)

<b>Patient's name:</b>		<b>NHS no:</b>	
<b>Address inc post code:</b>			
<b>Daytime telephone:</b>		<b>Evening/mobile no:</b>	
<b>Email address:</b>		<b>Date of Birth</b>	

I recommend the above patient to participate in an exercise programme of moderate intensity. I confirm that I have assessed this patient and to my knowledge there is no medical reason why he/she should not participate in a recommended exercise programme. I confirm that I have discussed the scheme with the patient.

<b>Referrer's name:</b>		<b>Date:</b>	
<b>Organisation:</b>		<b>Tel/email:</b>	
<b>GP and Surgery</b>		<b>Surgery Tel no:</b>	

## Part B - Patient consent and data protection

(To be completed by the patient before attending the recommended activity)

I consent to participating in a structured exercise programme of low to moderate intensity, the nature and purpose of which has been explained by my GP/referring Health Professional. Information obtained will be treated as confidential, although it may be used anonymously for statistical or research purposes.

The Healthy Lifestyle Scheme will process your medical details for the following purposes. By ticking each box I consent to my sensitive personal details being processed for each purpose listed.

To enable us to assess your medical fitness and suitability for the Healthy Lifestyle Scheme initiative you have been referred to.	
To enable us to respond to any medical emergencies which arise during your involvement with the Health Lifestyle Scheme. We may pass this information to health professionals when dealing with any medical emergency;	
To enable the relevant Healthy Lifestyles Class Instructor to deliver an exercise session suitable for your medial conditions. This means that we will share relevant medical information about you that you have provided to us, with the Healthy Lifestyles Class Instructor who may be based at a community venue or one of the council operated leisure centres	

We will only use your information for the purposes of the **Forest of Dean District Council Exercise Referral Scheme**. Furthermore any data used for statistical or research purposes will be done so anonymously. We will not give information about you to anyone else or use information about you for any other purpose, unless the data protection law allows us to.

Further privacy information can be found on our website (<https://www.fdean.gov.uk/about-the-council/information-data/privacy-notice/community-wellbeing/>) You have the right to withdraw your consent at any time.

<b>Signed:</b>	<input type="checkbox"/> <b>OR Tick to confirm patient's verbal consent</b>
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### Patients Footnote:

Once this form has been completed and signed by your GP or referring health professional, complete part B of the form and contact the Healthy Lifestyle advisor for an appointment.

**REMEMBER TO BRING THIS FORM WITH YOU TO YOUR EXERCISE REFERRAL APPOINTMENT.**  
Alternatively the referrer can email the form to: [community.wellbeing@fdean.gov.uk](mailto:community.wellbeing@fdean.gov.uk)

## Part C – Medical information

(All questions to be completed by the GP/referring personnel)

### 1. Objective(s) of referral (tick as many boxes as apply)

Falls prevention/ balance		Long term conditions support		Gym/ Leisure centre	
Improve Overall Health		Reduce Blood Pressure		Walking Sports (e.g. Netball, Rugby, Football)	
Improve Mobility		Improve Mental Health		Aqua/Swimming	
Improve Muscle Strength		Weight management		Prehab / post injury rehab	
Improve Flexibility		Improve Respiration		Respiratory Rehabilitation	
Osteoporosis Prevention		Cancer Rehabilitation		Cardiac Rehabilitation	
Other (please specify)					

### 2. Relevant medical history

Baseline measures (*complete as appropriate to referral)							
Resting HR:		Blood pressure:		*SP O2:		*BMI:	
				MRC Grade:			
Past/Current Medical History (All questions to be completed by the registered referring health professional i.e. GP/Nurse/Community Health Trainer/Physiotherapist).							
<b>Conditions</b> (e.g. Cardiac Disease, Respiratory Disease, Diabetes, OA, Osteoporosis, RA, Joint surgery/replacement, Hypertension, Parkinson's, Visual/Hearing Disabilities, etc.							
<b>Medication:</b>							
Please use the space below to add further comments, which may be taken into account when recommending the patient to an appropriate exercise programme.							
e.g. Oxygen prescription for respiratory patient							

***If you would like to arrange an appointment or have any queries please contact the Exercise Referral/Community Wellbeing Team on 01594 812447 or email: [community.wellbeing@fdean.gov.uk](mailto:community.wellbeing@fdean.gov.uk)***