



First name: \_\_\_\_\_ Surname: \_\_\_\_\_ Gender: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Mobile: \_\_\_\_\_ Daytime tel: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 GP: \_\_\_\_\_ GP practice: \_\_\_\_\_

Please state if the patient has any of the following contraindications to physical activity, if yes the patient will not be eligible to join the scheme.

- Unstable Angina                       Uncontrolled Diabetes                       Recent acute soft tissue injury  
 Systolic Blood Pressure 180mm/Hg at rest                       Diastolic Blood Pressure 100mm/Hg at rest  
 Uncontrolled Tachycardia 100bpm at rest                       Unstable or acute heart failure

Reason for referral:  Inactive                      AND please tick at least one of these other criteria

Controlled Hypertension                       Osteoporosis                       Smoker                       Controlled Diabetes  
 Unhealthy Weight (BMI>28)                       Stroke                       Osteoarthritis/ Rheumatoid Arthritis  
 High Cholesterol Levels                       Cancer                       Mild to Moderate Mental Health Condition  
 Musculoskeletal                       Heart Disease                       COPD  
 Rehabilitation Back Pain                       Other (please state) \_\_\_\_\_

Medication:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_

Blood Pressure: Systolic: \_\_\_\_\_ Diastolic: \_\_\_\_\_

Additional comments/ Relevant conditions:  
 \_\_\_\_\_  
 \_\_\_\_\_

Healthcare Professional Declaration:  
 I am not aware of any contra-indication to physical activity for this referred patient.

Print name: \_\_\_\_\_ Profession: \_\_\_\_\_ Date: \_\_\_\_\_

Patient informed consent:  
 I have had the scheme explained to me, I agree to participate and give my consent for the sharing of relevant health information about myself between the appropriate healthcare and exercise professionals. I consent to the above information being held on a database.

Print name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_