**Healthcare professionals:** on completion of this form please give it to your patient so that they are able to make contact with us to book a first assessment at a leisure centre or on 023 8200 0299

Please complete the form with ALL relevant details to enable the patient to participate in the physical activity referral programme.

Patient name:       DOB:

Tel:       Email:

Address:

Postcode:

# To confirm your patient is suitable for the programme please complete the following:

Patient currently has a clinically diagnosed medical condition Yes

Patient understands the referral scheme 12-week structure and pricing Yes

The patient’s medical condition is stable and controlled Yes

The patient is currently inactive (<30 mins of moderate activity a week) Yes

**Referral programme:** ActiveLifestyles 12 week  COPD  Cardiac Phase 4  Falls prevention  Escape Pain  Cancer Rehab

**Primary referral condition:**

**Details of condition:**

# Current health conditions (please tick all that apply):

Hypertension  High Cholesterol  CHD/CVD/CCF  Obesity  COPD  Mental Health

Stroke  Cancer  Osteoporosis  Arthritis OA  RA  Parkinsons

Asthma  Neurological Disorder  Diabetes: Type I  Type II  Cardiac PH4  Falls risk

Other (please state)

**Medication** (please provide a list of all current medications)

# Medical considerations affecting the patient’s ability to exercise?

# 

**Baseline Measures** (please complete the following):

BP Systolic       BP Diastolic       BMI

|  |  |  |
| --- | --- | --- |
| I refer this patient to the Physical Activity Referral Scheme under the terms and conditions set out in the referral guide. | |  |
| Referrer signature | **Practice stamp** |  |
| Date |  |
| Print name/practice/pharmacy      . |  |
| **Referrer position** GP  Practice Nurse  Consultant  Health Visitor  Physio |  |
| Pharmacist  (please tick as appropriate) |  |

# Patient consent

I agree to the release of my medical details to Freedom Leisure, I understand that confidentiality is assured. I understand that I am responsible for my own action at all times and that I am participating in the scheme voluntarily and that I am able to withdraw from the scheme at any time.

Signature ....................................................................................................................................... Date.....................................................................

# Applemore Health and Leisure Claypits Lane SO45 5TN

# Lymington Health and Leisure North Street SO41 8FZ

# New Milton Health and Leisure Gore Road BH25 6RR

# Ringwood Health and Leisure Parsonage Barn Lane BH24 1PX

# Totton Health and Leisure Water Lane SO40 3GX

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