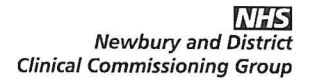


# ACTIVITY FOR HEALTH PROGRAMME

## EXERCISE REFERRAL FORM



**Patient Details**

Surname \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Forename \_\_\_\_\_ Tel No. \_\_\_\_\_  
 Address \_\_\_\_\_ Reason for Referral \_\_\_\_\_

**Baseline Measures**

Resting Heart Rate \_\_\_\_\_ Heart Rate Regular \_\_\_\_\_  
 BP Systolic ss \_\_\_\_\_ BP Diastolic is \_\_\_\_\_

**Clinical Diagnosis and / or Current Problems**

**Medication Prescribed**

**Possible effects of current medication and / or diagnosis on patient's safe / comfortable conduct of exercise**

**Prohibited Activity** (if there are any activities that you DO NOT wish the client to take part in please indicate)

Cardiovascular Gym  Weights Gym  Aquafit  Yoga   
 Swimming  Exercise  Walking Programme

**Susceptible to**

Arrhythmia  Dizziness/Fall  Hypotension  Skin Irritation   
 Hypoglycaemia  Asthma  Angina  Infection   
 Osteoporosis  Urinary Frequency  Abnormal Muscle Tone  Joint Pain   
 Impaired Alertness  Impaired Cognition

**Stage of health behaviour change** (tick activity status)

Precontemplation (not considering exercise)  Maintenance   
 Contemplation (considering exercise)  Unknown   
 Preparation (beginning)  Relapse

Referred by  
 Signature \_\_\_\_\_  
 Surgery Address \_\_\_\_\_

Date \_\_\_\_\_  
 GP/Practice Nurse/Consultant/Health Visitor  
 (Please delete as appropriate)

IMPORTANT: PLEASE TAKE THIS TO YOUR FIRST APPOINTMENT