**InspireAll Exercise Referral Scheme** **REFERRAL FORM**

**Patient Details (Please Print Clearly)**

First Name: Surname: Gender: M / F

DOB: Home Tel: Mobile Tel:

Email:

GP: GP Practice:

Patient Address: Patient Postcode:

|  |
| --- |
| **Reason for referral: Inactive AND (Please tick at least one of these other criteria)** |
| ☐Hypertension - Controlled | ☐Osteoporosis | ☐ Asthma - Controlled |
| ☐Diabetes - Controlled | ☐Low Back Weakness and Inflexibility | ☐Unhealthy Weight  (BMI > 24.9 kg/m²) |
| ☐Osteoarthritis - Mild to Moderate  | ☐High Cholesterol Levels (total > 5.2 mmol/L) | ☐Mental Health Condition - Mild to Moderate  |
| ☐Rheumatoid Arthritis  - Mild to Moderate  | ☐Chronic Obstructive Pulmonary Disease– Mild to Moderate  | ☐Musculoskeletal Rehabilitation |
| ☐TIA/Stroke - >1 year ago, Stable CV symptoms, mobile and no assistance required | ☐Other (please state)........................................................................... |
| **Relevant Medication (s)** |
|  |
| **Blood Pressure:** Systolic: Diastolic:  | Resting Heart Rate: |

|  |
| --- |
| Additional comments / Relevant conditions / Physical Limitations |
|  |

**Healthcare Professional Declaration**: (Please Tick)

* I am not aware of any contra-indication to physical activity for this referred patient.☐
* The patient has given their informed consent for the information on this form to be shared with the providers of the exercise referral scheme in Hertfordshire.☐

Print Name: Profession: Date:

Referring Healthcare Professional Office Base:

IMPORTANT PATIENT INFORMATION: WHAT NEXT?

***IF YOUR CLINICIAN HAS NOT EMAILED OR POSTED YOUR REFERRAL DIRECT TO THE FACILITY PLEASE;***

1) Call or visit your local participating leisure facility to arrange your first appointment.

2) You must bring this form with you for your first appointment.

The Venue, Elstree Way, Borehamwood, Herts. WD6 1JY. 020 8386 9886

Please email referrals to the referral lead tvexercisereferral@inspireall.com