Exercise Referral

Baypoint ACTIVE Now – Exercise Referral Program

Please **PRINT** all details carefully using **BLOCK CAPITALS PATIENT**

ELIGIBILITY CRITERIA

Patients must be:

- Aged 18 years and over
- Inactive (less than 30 minutes of moderate physically activity per week)
- Meet at least one of the inclusion criteria listed below
- Committed to making a long-term lifestyle change
- Clients must be clinically stable and compliant with their medication

The following are **excluded** from the exercise referral scheme:

- Aortic stenosis
- Unstable angina
- Resting tachycardia >100bpm
- Unstable mental health status
- Systolic blood pressure (BP) >180mmHg and/or BP >100mmHg
- Unstable or acute heart failure
- Uncontrolled arrhythmias
- Uncontrolled diabetes
- Any other condition which may be exacerbated by exercise

PATIENT DETAILS

Client Name:

Date of Birth: ____/____/____ Telephone Number: _____

REASON FOR REFERRAL (please tick check **all** boxes that apply)

- ☐ Alcohol/drug rehabilitation
- ☐ Cancer
- ☐ Cardiovascular disease*
- ☐ Completion of cardiac rehab
- ☐ Completion of pulmonary rehab
- ☐ Diabetes
- ☐ Family history of coronary heart disease
- ☐ Heart failure
- ☐ High cholesterol
- ☐ Hypertension
- ☐ Joint/mobility/musculoskeletal problem*
- ☐ Mental health/emotional wellbeing*
- ☐ Neurological condition[1] *
- ☐ Obesity (BMI >30kg/m²) Overweight
- ☐ (BMI 25-29.9kg/m²) Smoker
- ☐

[1]Where clinically appropriate it is expected that following a Transient Ischemic Attack or Stroke the patient will have already completed neurological rehabilitation

*Please include specific condition

Please **read** the following **before** registering with the scheme:

- The exercise referral scheme is for inactive people - those **not used** to physical activity
- You must be committed to making a long-term lifestyle change
- The scheme is **not free**.
- It is **your responsibility** to inform the exercise professional of any changes to your health status
- When you book an induction/assessment, we will discuss next steps and options available to you. This assessment could identify that you do not meet the eligibility for the scheme and the local provider has the right to decline your engagement in the scheme
- This referral form is valid for 1 month from when it is signed by the health professional (unless there are significant changes in your health status; in this instance a new form is required)
- Please take this referral form and a list of any medications you are taking, to your first appointment. The exercise professional will **not carry out** an appointment without the signed form
- The Exercise Referral provider will be responsible for holding and processing your data in-line with data protection regulation

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REFERRING HEALTH PROFESSIONAL:

(Please **PRINT** using **BLOCK CAPITALS** or your practice stamp)

Name:
Job title:
Contact number:
Address:

To the best of my knowledge, the information provided is an accurate representation of the above patient's health. I believe the named patient to be clinically stable and medically safe to participate in a structured exercise referral programme.

Signature: _____ Date: ___/___/____

Please make sure you have informed the client of the next steps to join the scheme and make them aware of the notes below. The patient should be made aware that they will need to take this form to Baypoint Sports CIC who will use the relevant medical information to design their exercise programme. The patient is aware that participation in the scheme is voluntary and not free, and they will be required to give consent for participation.