

Patient Details

Full name _____

Gender _____ Date of birth _____

Address _____

Postcode _____ Telephone _____

Reason for Referral

Medical Condition(s)

Current _____

Past _____

Blood Pressure and BMI

Current Medication or Prescription

Please note incomplete referral forms will not be accepted and may delay your initial assessment.

Contact the Exercise Referral team

T 01737 784976 (Exercise Referral direct line) **T 01737 779979** (Main reception)
Textphone users add prefix **18001** to access BT Text Relay

YMCA Sports & Community Centre, Princes Road, Redhill, RH1 6JJ

Exercise Referral Guidelines

Patients will only be accepted onto the programme if:

- ▶ the Referral form has been signed by the patient and Healthcare Professional
- ▶ the patient's blood pressure does not exceed 140/90
- ▶ the patient completes their induction.

By signing the Referral form, referring practitioners agree that:

- ▶ the details provided for the patient's medical history and current medication are accurate
- ▶ you are satisfied that the course of exercise recommended will not be detrimental to the health and safety of the user and follows NICE guidelines

Patient Consent

The YMCA Exercise Referral programme has been fully explained to me and I wish to participate in the scheme. I give consent for any relevant clinical information about my health and participation in this scheme to be used for evaluation and monitoring purposes.

Signature _____ Date _____

Referring Practitioner's Details

Name _____

Position _____

Practice/Hospital _____

Telephone _____

I refer this patient in accordance with the Exercise Referral guidelines above, which I have read and understood:

Signature _____ Date _____

1. Have this form completed and signed by Referring Healthcare Professional
2. Contact the YMCA to book an appointment on **01737 784976**.
3. Discuss your goals and get started!