

YMCA East Surrey Exercise on Referral Form

Exercise on 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 Details		Referring Practitioners Details	
Surname:		Name	
First name:		Position	
Male/Female:		Tel No.	
Date of Birth:		Email:	
Address:		Address:	
Postcode:		Postcode:	
Contact Tel. No.:			
Registered GP Details (If different from referring practitioner)			
Name:		Address:	
Practice:			
Tel.No:		Postcode:	
Reason for Referral (please tick where appropriate)			
Disabilities	Stroke	Controlled Diabetes	Multiple Sclerosis
Overweight/ Obesity (BMI 26+)	Dementia	Back Pain	Arthritis/Osteoporosis
Cardiac	Hypertension	Mental Health	Joint problems/replacement
Asthma/COPD	High Cholesterol	Falls Prevention	Other:

Please note all forms must have a signature and incomplete forms will **not** be accepted and may delay your initial assessment

Completed and signed forms can be returned to the Exercise Referral Coordinator

Eymcaes.exercisereferral@nhs.net T01737 779979

YMCA Sports & Community Centre, Princes Road, Redhill RH16JJ

Medical Information							
Resting HR:		Systolic BP:		Diastolic BP:		B MI:	
Other RELEVANT medical condition(s) (Please give details and dates)							
Current:				Past:			
Current RELEVANT Medication or Prescription							
Other YMCA services interested in (please tick)							
Healthy Measures (10 week Adult Weight Management)		Walking for Health		NHS Health Check			
Patient Consent							
<p>The YMCA Exercise Referral programme has been fully explained to me and I wish to participate in the scheme. I understand that my data will be stored confidentially on paper and electronically on a secure database and will be held in accordance with the Data Protection Act and NHS Information Governance. I give consent for any relevant clinical information about my health and participation in this scheme to be used for evaluation and monitoring purposes. I give consent to be telephoned regarding my suitability for inclusion of any other selected services above.</p>							
Signature:				Date:			
Practitioner Consent							
<p>I refer this patient in accordance with the Exercise referral guidelines above, which I have read and understood.</p>							
Signature:				Date:			

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