

Horizon Leisure Centres Exercise Referral Scheme

Patient Referral Form

Patient Details			
Name:		DoB:	
Address:		Telephone:	
		Post Code:	

Reason for Referral (please tick all that apply)							
BMI = 30 or above + 1 other medical condition	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Osteoporosis type I or type II	<input type="checkbox"/>	Chronic Fatigue Syndrome/ ME	<input type="checkbox"/>
Asthma + smoker or inactive	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Joint Injury Rehab	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Relevant medical history (past and current)							

Preferred Horizon Leisure Centre (please tick)			
Havant Leisure Centre	<input type="checkbox"/>	Waterlooville Leisure Centre	<input type="checkbox"/>

Medication					
1.		2.		3.	
4.		5.		6.	
Any other implications?					

Special Considerations/ Advice given:

Doctor's or Health Professional's Declaration

In my medical opinion, the above mentioned patient is able to undertake a suitable programme of physical activity. I will inform the gym manager if there is any significant change to the patient's health status.

Signature

Print Name

Practice Name

Date

THIS REFERRAL IS ONLY VALID FOR 8 WEEKS FROM DATE OF ISSUE
--

Patient's Consent

I agree to the release of medical details about me to relevant members of the Exercise Referral team. I understand that confidentiality is assured. I am undertaking this programme on my own accord.

Patient Signature

Date