

Exercise Referral Scheme  
**Referral for Exercise Form**

Please complete all pages of this form as fully as possible and send to: Sport and Active Lifestyles, Huntingdonshire, District Council, Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN.

**Envelopes should be marked: CONFIDENTIAL, SENSITIVE PERSONAL INFORMATION, DELIVER SEALED to ensure they are opened by Scheme staff only.**

Personal Details			
Name		Mr / Mrs / Miss / Ms	
Age		D.O.B	
Address			
Tel No. Home		Tel No. Work	
Mobile No.		Email Address	

Referring Health Professional	
Agency/Practice/Clinic	
Tel No.	

Referrals will only be accepted from Health Professionals registered with the Exercise Referral Scheme. To register, please visit [www.huntingdonshire.gov.uk/healthprofessionals](http://www.huntingdonshire.gov.uk/healthprofessionals) or contact Sport and Active Lifestyles on 01480 388469/388857.

Reason for Exercise Referral - Please tick appropriate condition				
<input type="checkbox"/> Cardiac Rehabilitation	<input type="checkbox"/> >1 Coronary Heart Disease Risk Factor	<input type="checkbox"/> Diabetes (Type I and II)	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Mental Health (Depression and Anxiety)
<input type="checkbox"/> Obesity	<input type="checkbox"/> Respiratory Conditions (including Asthma)	<input type="checkbox"/> Cancer	<input type="checkbox"/> Other (please state)	
Further Comments: ..... ..... .....				
Blood Pressure		Resting Heart Rate		
Date Taken		Body Weight		

Recommended Exercise Activity (if known) (including Stamina eg cycling, walking, swimming. Strength eg muscle toning, strength building. Flexibility eg range of movement, stretching)

Prohibited Activity – If there are any activities that you do not wish the client to take part in please indicate below

**Level of Current Exercise Behaviour** (please tick)

Priority will be given to those individuals deemed sedentary

INACTIVE

SLIGHTLY ACTIVE: No regular exercise but reasonably active

MODERATELY ACTIVE: 30mins of moderate exercise 3-4 times per week

VERY ACTIVE: 1 hour of vigorous activity 3-4 times per week

EXTREMELY ACTIVE: 1 hour of strenuous activity 5+ times per week

**Medication** (including any possible side effects)

**Exercise implications of current medication** (please tick)

Heart Rate not an indicator of exercise intensity

Dizziness

Suppression of Pain

Other please specify:

**Stage of health behaviour change** (tick activity status)

Precontemplation (not considering exercise)

Contemplation (considering)

Preparation (beginning)

Action (regularly active <6 months)

Maintenance (regularly active >6 months)

Relapse

Unknown

**Past Medical History** (including any operations or bouts of illness)

**Referring Health Professional**

Signed

Date

Printed

**Client**

I agree for the above information to be passed to persons or organisations involved with the Exercise Referral Scheme or other health promotion programmes promoted by the council for the purposes of promoting, evaluating and improving such schemes. I understand that in the course of the Referral period further data may be collected by the Council and used for the same purposes described above. I understand that I am responsible for monitoring my own responses during exercise and will inform my fitness consultant of any changes in my medication, and the results of any investigations or treatment.

Signed

Date

Printed

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All personal information that you provide us is managed in accordance with our Privacy Policy. Please visit the [Privacy Notice for Leisure and Health](#) on our website where you can find out information about how we handle your information and your rights of access.