

# Exercise Referral

and weight management  
scheme



# Patient Referral Form

To be completed by Health Professional

To book your appointment call the Health Development Officer  
**01372 474574** or email: [health@elmbridge.gov.uk](mailto:health@elmbridge.gov.uk)

## Patient details

Full name: ..... Date of Birth: .....

Address: ..... Postcode: .....

Telephone: ..... Email: .....

## Carer details

Does the patient need the support of a carer during exercise? YES  NO

Carers Name: ..... Telephone: .....

## Patient medical information

Blood Pressure: ..... Resting HR: ..... Waist circumference: ..... BMI: .....

## Reason for Referral: please refer to inclusion criteria overleaf

- Weight loss       Asthma       Cancer       Stroke       Arthritis  
 Chronic Fatigue Syndrome       Cardiac Rehab       Hypertension       Mental Health  
 Joint injury Rehab       Osteoporosis       Multiple Sclerosis       Diabetes Type I or Type II

Please provide further details: .....

## Medication:

1. .... 2. .... 3. ....

4. .... 5. .... 6. ....

Any implications? .....

## GP's or Health Professionals Declaration

I refer this patient to the Elmbridge Exercise Referral Scheme under the terms and conditions set out in the Exercise Referral Protocol. All patients details relevant to safe exercise have been included.

Full name of referrer: .....

Signature of referrer: .....

Position held: .....

Date: ..... Email: .....

## Patient informed consent

The Elmbridge Exercise Referral scheme has been fully explained to me. I am willing to participate in an exercise programme and give my consent for any relevant clinical information about me to be passed to relevant Exercise Referral staff. I will also inform my instructor of any changes in my medication or health status. I understand that I can discontinue the scheme at any time. I understand that there is a charge to participate in the scheme.

**Signature of patient:** ..... **Date:** .....

All information in this form will be treated in strictest confidence and stored securely according to the Data Protection Act 1998.

## This referral is valid for 3 months

The Referral letters with blanket phrases are not acceptable as part of the scheme.  
Old forms and generic letters will no longer be accepted as a referral.