Exercise Referral Form

Patient's details		Referrer's details	
Name:		Name:	
DoB:		Profession:	
NHS number:		Surgery / Dept:	
Address:		Address:	
Postcode:		Postcode:	
Telephone:		Telephone:	
Email:		Email:	
Ethnicity:		GP:	

Baseline measurements (mandatory – within last 6 months)									
BP:		Resting HR:		Height (cm):		Weight (kg):		HbA1c*: * *Diabetic patients only*	

Primary reason for referral / any additional details:

Please consult the accompanying inclusion and exclusion criteria
please provide additional details in the space above

Medical conditions/reason for referral – please tick			
Asthma / COPD*	☐	Hyperlipidaemia	☐
Anxiety / depression / MH * (HAD score required)	☐	Hypertension	☐
Cancer	☐	Musculoskeletal conditions (long-term)*	☐
Chronic fatigue syndrome / fibromyalgia	☐	Neurological conditions*	☐
CHD*	☐	Obesity	☐
Diabetes / pre-diabetes	☐	Stroke / TIA (date)	☐
Falls prevention	☐		

Current medication

Cardiac history - please detail cardiac conditions if applicable *(please refer to the inclusion / exclusion criteria)*	
Has the patient completed a phase III Cardiac Rehab programme?	

Referrer / patient consent – please complete

Sign/tick below to confirm agreement of the following: The information on this form is an accurate representation of the patient's health status. I have discussed the referral with the patient and obtained their consent (below). I believe them to be ready and suitable to participate in the Exercise Referral programme.

Referrer name:		**Signature:**		**or tick if electronic:** ☐

Tick below to confirm agreement of the following: The patient is ready to participate in the ER programme and has agreed for the information on this form to be passed to the ER team and, if required, for the service to request further clinical information or to pass the referral on to an appropriate service. The patient agrees for their data to be used for monitoring and evaluation purposes, and to be contacted for future follow-ups.

Patient name:		☐ **Tick** to confirm patient consent obtained

Exercise Referral scheme inclusion/exclusion criteria

To be eligible for Exercise Referral, scheme participants must be:

- Over 18 years old
- Compliant with any prescribed medication
- Currently inactive and motivated to increase their physical activity levels
- Diagnosed with one or more of the medical conditions below

Inclusion criteria

Asthma / COPD	**Asthma:** Stable and controlled. MRC breathlessness score 2 or below. **COPD:** Mild to moderate. Must have completed Pulmonary Rehab within the last 6 months.
Anxiety / depression / MH	Mild to moderate severity. HAD score of 8-14.
Cancer	Please contact individual centre for centre-specific inclusion criteria.
Chronic fatigue syndrome / fibromyalgia	Specifically diagnosed with associated deconditioning.
CHD	**Angina / AF:** stable / controlled. Please contact individual centre for centre-specific inclusion criteria.
Diabetes / pre-diabetes	HbA1c under 86 mmol/mol or 10%. GP or referring clinician to advise on modification of insulin prior to exercise or physical activity (if insulin-dependent)
Falls prevention	Please contact individual centre for centre-specific inclusion criteria.
Hyperlipidaemia	6mmol/L or above
Hypertension	Diagnosed and stable. Below 180/100mmHg prior to referral.
Musculoskeletal conditions (long-term)	Long-term condition of mild to moderate severity, as determined by the referring medical/health practitioner. Any RA should be medication controlled and not during flare-ups. For OP, pre- or post-fracture dependent on the discretion of the referring medical/health professional
Neurological conditions	Mild to moderate severity as determined by the referring medical/health professional or MDT.
Obesity	BMI 30 or over (BAME 27.5 or over) with another co-morbidity or chronic disease.
Stroke / TIA	At least 3 months since the stroke, stable symptoms.

Exclusion criteria

Cancer	Please contact individual centre for centre-specific exclusion criteria.
Obesity	BMI over 40
Sports / other injuries	Individuals requiring a rehabilitation programme post-injury