

Client number: _____



'GP Active' Exercise Referral Scheme

Patient's Name _____ Date of Birth _____

Address _____ Postcode _____

_____ Ethnicity _____

Telephone Number _____ Gender _____ MALE / FEMALE

Mobile Number _____ Email address _____

Height (Cm) _____ Weight (Kg) _____ BMI _____

Blood Pressure _____ Resting Heart Rate _____

Medical History and Reason for Referral – Please tick the medical condition(s) the patient has and make a note of any medications they are currently taking.

| | | | |
|-----------------------------|--|--|--|
| Asthma | | Obesity/overweight | |
| Cardiovascular disease | | Psychological wellbeing/mental illness | |
| Registered at 'risk' of CVD | | Stroke | |
| COPD | | Hypertension | |
| Diabetes | | Raised cholesterol | |
| Musculoskeletal disorders | | Cancer | |
| Fall | | Any other condition (please state) | |

Medication(s) currently being taken by patient:

Reason for referral – please document reason for referral i.e. identified during NHS health check

Further comments (any additional medical information the instructor needs to take into account. Doctor to state whether the instructor needs to take blood pressure for hypertension patients on a regular basis)

The form can be scanned and sent by email to jo.sage@active4today.co.uk or by post to:

Active4Today Ltd
Dukeries Leisure Centre
Main Road
Boughton
Newark
NG22 9JJ

**Once the form has been received,
the patient will receive a phone call
to discuss the next steps.**

Signed (Patient) _____

Referrers Name (Print) _____

Signed (Referrer) _____

Position of Referrer _____

Practice Stamp:

Date of referral _____

Top Copy (white) – Active4Today
2nd Copy (pink) – Patient
3rd Copy (yellow) – Surgery

ALL INFORMATION PROVIDED WILL BE TREATED IN COMPLIANCE
WITH DATA PROTECTION ACT 1998.

