

Exercise Referral Form

If you would like to join the exercise referral scheme, please contact your GP or medical professional to gain clearance to exercise. You will not be accepted onto the scheme without the completed form.

For more information visit:   
inspireall.com/community-programmes/exercise-support-programmes/

* COPD
* Musculoskeletal
* Fibromyalgia
* Rehabilitation back pain
* Long- Covid
* History or risk of falls
* Other (please state):
* Osteoarthritis
* Rheumatoid arthritis
* Hypercholesterolemia
* Mild to moderate mental health condition
* Cancer
* Heart disease

**Reasons for referral-Inactive   
and at least one other factor;**

* Controlled Hypertension
* Osteoporosis
* Controlled diabetes type 1 or 2
* > BMI 28
* Stroke

**Medication**

**1…………………………………………………………….. 2………………………………………………………………….**

**3…………………………………………………………….. 4…………………………………………………………………..**

**5 ……………………………………………………………... 6……………………………………………………………………**

**Blood Pressure** systolic ………………………………………………. Diastolic ………………………………………………………..

First name ………………………………………………… Surname………………………………………………Gender………………………………………

Date of birth………………………Mobile number ………………………………………………Daytime number ………………………………….

Address……………………………………………………………………………………………………………………………………………………………………..

Postcode…………………………………

GP name……………………………………………………………………..GP practice name ………………………………………………………………….

Please state if the patient has any of the following contraindications to physical activity, if yes, the patient will not be eligible to join the scheme. Please tick if appropriate.

* Unstable angina
* Uncontrolled diabetes
* Recent acute soft tissue injury
* Systolic BP 180mm/Hg at rest
* Diastolic BP 100mm/Hg at rest
* Uncontrolled tachycardia 100bpm
* Acute heart failure

**Additional comments/ relevant conditions:**

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**Healthcare Professional Declaration:**

I am not aware of any contra-indication to physical activity for this referred patient.

I have explained the scheme to the patient and they have given consent for the sharing of relevant health information between the appropriate healthcare and exercise professionals, consenting to the above information being held on a database.

All personal data provided will be held in accordance with GDPR. For more information, please view our Privacy Policy at reception, find it on website or request for an email copy at dpo@inspireall.com

Print name: Sign: Date:

The Bletchley Leisure Centre, Princes Way, Bletchley, Milton Keynes, MK2 2HQ

For more information or to book your consultation contact: [exref.bletchley@inspireall.com](mailto:exref.bletchley@inspireall.com)