

Everyone Active Exercise Referral Form



To be completed by referrer.

Please use black ballpoint/ink and block capitals.

Patient details

Surname: Forename: Date of Birth:

Address:

Postcode:

Telephone number: Ethnicity:

Email address:

Details of referrer

Referrer/GP's name: Position:

Address:

Postcode:

Telephone number:

Reason for referral:

Populations appropriate for scheme as stratified using the Irwin & Morgan risk stratification tool are as follows:

LOW RISK

- Overweight (BMI > 25) with no other conditions
- Type 2 diabetes (diet controlled)
- Osteoarthritis
- High normal blood pressure
- Mild depression, anxiety and stress
- Mild asthma
- Mild skeletal and muscular injuries
- Seropositive HIV

MEDIUM RISK

- Stage one hypertension (medication controlled)
- Osteoporosis
- Physical disabilities (no other risk factors)
- Neurological problems including Stroke, Parkinson's and Multiple Sclerosis (stable)
- Depression/anxiety (moderate)
- Controlled diabetes type 1 or type 2
- COPD (without ventilatory limitation)
- Chronic fatigue syndrome
- Fibromyalgia
- Moderate RA/OA
- Early symptomatic HIV

HIGH RISK

- Unstable or uncontrolled cardiac disease
- Hypertension: Systolic 180 and above - Diastolic 100 and above
- Phase III and IV cardiac rehabilitation
- Recent stroke (within 3 months)
- Individuals at high risk of falls
- Claudication
- Unstable angina
- Acute heart failure
- Palliative care
- Pregnancy
- COPD/Emphysema (with ventilatory limitation)
- Severe OA or RA
- Advanced diabetes (type 1 or 2)
- Psychiatric illness/cognitive impairment/dementia
- Tachycardia > 100

continued over...

Medication:

- 1. 5.
- 2. 6.
- 3. 7.
- 4. 8.

Blood Pressure:..... BMI.....

Please indicate if the patient is susceptible to any of the following conditions:

- Arrhythmia
- Hypoglycemia
- Urinary frequency
- Joint pain
- Abnormal muscle tone
- Impaired alertness
- Dizziness, falls
- Skin irritations, rashes
- Infection
- Impaired cognition
- Angina

Specific exercises/approaches to be included:

.....

.....

.....

.....

Specific exercises/approaches not to be included:

.....

.....

.....

.....

“I the patient give my explicit consent for any relevant clinical information about my health to be transferred to the scheme coordinator and referral instructor”.

Patient’s signature: Date:.....

“I the referrer have checked the referral criteria and deem my patient appropriate to take part in the scheme”.

Referrer’s signature: Date:.....

ADMIN ONLY: To be completed by Everyone Active team

Centre: Risk level:..... Date received:

Please email form directly to your Exercise Referral Coordinator: matthewburke@everyoneactive.com.

www.everyoneactive.com