Freedom Leisure - Health Referral Form

By signing the referral form, referring practitioners agree that:

- The details provided for the client's medical history and current medication are accurate

Please complete ALL parts of the form and provide a current list of medications and any other relevant information. Any missing data may result in a delay to the Client being able to access Exercise Referral programmes

CLIENT DETAILS			
Surname:		Address:	
First name:			
Gender:			
Date of birth:			
Contact no:		Postcode:	
Email:			

REFERRING PRACTITIONER'S DETAILS			
Name:		Address:	
Position:			
Contact no:		Postcode:	
Email:			

REGISTERED GP DETAILS (if different from referring practitioner)			
Name:		Address:	
Practice:			
Contact no:		Postcode:	
Email:			

REASON FOR REFERRAL (please tick where appropriate)					
Disabilities	☐	Overweight / Obesity (BMI 26+)	☐	Mental Health / Emotional Wellbeing	☐
Stroke	☐	Controlled Diabetes	☐	Joint / mobility problems / joint replacement	☐
Dementia	☐	High Cholesterol	☐	Alcohol / Drug rehabilitation	☐
Back Pain	☐	Multiple Sclerosis	☐	Asthma	☐
Stress	☐	Arthritis / Osteoporosis	☐	COPD	☐
MSK	☐	Chronic Fatigue	☐	COVID 19 Rehabilitation	☐
Cardiac	☐	Parkinson's	☐	Cancer	☐
Inactive	☐	Hypertension	☐	Falls Prevention	☐
Other (please state):					

CURRENT MEDICAL INFORMATION Please provide all relevant information about the client's health status							
Resting HR:		Systolic BP:		Diastolic BP:		BMI:	

OTHER RELEVANT MEDICAL CONDITIONS (please give details and dates)

Current:	Past:

CURRENT RELEVANT MEDICATION OR PRESCRIPTIONS

Client consent:

The Freedom Leisure Exercise on Referral Scheme has been fully explained to me and I wish to participate. I am aware that physical activity can be hazardous and there is a risk involved.

I understand that my data will be stored confidentially on paper and electronically on a secure database and will be held in accordance with General Data Protection Regulations.

I give consent for any relevant clinical information about my health and participation in this scheme to be used for evaluation and monitoring purposes.
I give consent to be telephoned regarding my suitability for inclusion of any other selected services above.

I give consent for my GP/referring health care professional to be kept informed of my progress and for the Exercise Referral instructor to contact me concerning my adherence to the scheme.

Name (PLEASE PRINT): ----------

Client signature: ---------- Date: ----------

Practitioner consent:

I refer this patient in accordance with the Freedom Leisure Exercise on Referral Scheme guidelines above, which I have read and understood.

I confirm that the client's GP is aware of and in agreement to this referral.

Name (PLEASE PRINT): ----------

Client signature: ---------- Date: ----------