THE JUNCTION
PART OF YMCA BOURNEMOUTH

YMCA

# Exercise Referral Scheme >>>

**Please DO NOT give this form to patient. Instead, please post to The Junction Sports & Leisure Centre | Station Approach | Broadstone | Dorset BH18 8AX**

| | |
|---|---|
| Name of patient: | |
| Date of birth: | |
| House number/name: | |
| Street: | |
| Town: | |
| County: | Postcode: |
| Phone no: | Mobile: |
| Email: | |

Please detail reasons for referral and any other medical information:

Please tick which of the following best describes how much moderate physical activity the patient does per week at the moment.

| | | | |
|---|---|---|---|
| Fewer than 30 mins per week | ☐ | 1 x 30 mins per week | ☐ |
| 2 x 30 mins per week | ☐ | 3 x 30 mins or more per week | ☐ |

| | |
|---|---|
| Current medication: | |
| | |
| Height: | Weight: |
| BMI: | Blood pressure: |
| Cholesterol level: | Smoker: Yes ☐ No ☐ |

**Doctor's/Health Professional declaration:** In my medical opinion, the above named patient is capable of undertaking a suitable programme of exercise provided by **The Junction Exercise Referral Scheme**.

Signature _____ Date _____

**Practice Address:** (Full Postal)

Email address: _____

**Practice Stamp**

This form is not valid and will not be accepted without the practice stamp and the signature of both doctor or health professional and patient. Please place practice stamp over this box.

**Patient's consent:** I agree to the release of medical details about me to the staff of **The Junction Exercise Referral Scheme**. I agree that I am responsible for my own actions at all times on the Scheme and that I am participating by my own choice.

Signature _____ Date _____

***Note:*** These details will be seen only by those who need to see them