

## Exercise Referral Informed Consent

<b>Patient Name:</b>		<b>Referrer Name:</b>
<b>Age:</b>	<b>DOB:</b>	<b>Referrer Designation:</b>
<b>NHS No:</b>	<b>Sex:</b>	
<b>Address:</b>		<b>Referrer Address:</b>
<b>Post Code:</b>		<b>Usual GP:</b>
<b>Telephone:</b>		<b>Practice:</b>

<b>Referral Reason:</b>		
<input type="checkbox"/> <b>CHD Risk Factors</b>	<input type="checkbox"/> <b>Mental Health</b>	<input type="checkbox"/> <b>Neurological</b>
<input type="checkbox"/> <b>Diabetes</b>	<input type="checkbox"/> <b>Multiple Trauma/Injury</b>	<input type="checkbox"/> <b>Obesity</b>
<input type="checkbox"/> <b>General Fitness</b>	<input type="checkbox"/> <b>Musculo Skeletal</b>	<input type="checkbox"/> <b>Respiratory</b>
<input type="checkbox"/> <b>Hypertension</b>	<input type="checkbox"/> <b>Other</b>	
<b>Other Relevant Information:</b>		

<b>BP:</b>	<b>BMI:</b>
<b>Allergies:</b>	
<b>Medication:</b> Please ask patients to bring repeat prescription form to be photocopied	
<input type="checkbox"/> <b>Asthma</b>	<input type="checkbox"/> <b>Insulin</b>
<input type="checkbox"/> <b>Anti Depressant</b>	<input type="checkbox"/> <b>Weight Loss/Diet Pills</b>
<b>Other:</b>	

<b>Patient Informed Consent:</b> The benefits of the scheme has been fully explained to me, as well as the patient information provided (see overleaf). I wish to increase my current activity levels by participating in a supervised exercise plan. I give consent for any relevant clinical information about my health and participation on this scheme to be used for evaluation and monitoring purposes. I consent to my information being stored on a database.	
<b>Patients Signature:</b>	<b>Date:</b>
<b>Referrer Consent:</b> I refer this patient in accordance with the guidelines of the scheme, which I have received read and understood. If I become aware of their condition(s) changing in a way that would affect the client's ability to exercise I will inform the trainer as soon as reasonably possible.	
<b>Referrer Signature:</b>	<b>Date:</b>

## **Josh Mann Fitness Exercise Referral Patient Information**

Once completed, could you please return your informed consent to the following address:

Josh Mann Fitness  
6 Blazey Drive  
Wymondham  
Norfolk  
NR18 0UY

Once your activity referral form has been received by Josh Mann Fitness, you will be contacted and invited to come along to a consultation. This will be held either in a mutually convenient location. The consultation will be conducted on a one-to-one basis, and will allow you to find out about me and to discuss your individual exercise requirements. The next step is to book a convenient time for us to get together and start your health and fitness journey.

If you have any questions or concerns please call Josh on 07879 770723 or email:  
[joshmannfitness@gmail.com](mailto:joshmannfitness@gmail.com)

## **Exercise Referral Guidelines**

### **Inclusions**

Exercise referral is aimed at clients with any medical condition that would be relieved/Improved by regular controlled exercise, examples include:

- Patients with high blood pressure.
- Cardiac risk factor conditions.
- Those with Musculo-skeletal conditions.
- Patients suffering from Osteo/Rheumatoid Arthritis.
- Patients with Diabetes.
- Patients at risk from Strokes and falls.
- Those Patients with moderate stress or depression.
- Patients with Asthma.

However referral is not recommended until the condition is; **treated, stable and past the acute phase.**

### **Exclusions**

Josh Mann Fitness will normally be able to deal with adults with a wide range of conditions. Referrals with the following will not normally be accepted onto the scheme:

- Unstable angina.
- Resting SBP>180mmHg or resting DBP>100mmHg.
- Significant drop in BP during exercise.
- Uncontrolled tachycardia >100bpm.
- Unstable or acute heart failure.
- Febrile illness.
- Unstable Diabetes.
- Unstable and chronic respiratory conditions.
- Unstable/significant mental health problems.
- Highly irritable or unstable back problems.

Referral of clients outside these criteria may take place if;

The client's condition has been recognised by the referring clinician and the client is, in their professional opinion, in a position to benefit from undertaking physical activity.

The practitioner has contacted Benefit Health and Fitness and discussed the clients' situation, and has agreed In advance that we will accept the client to one of our classes.