



# Exercise on Referral



**To be completed in full by referring practitioner**

**Patients are required to present this form at initial exercise on referral appointment.**

**Patient Details:**

**Full name:**

**Gender: Male/Female/Other**

**Date of Birth:**

**Ethnicity:**

**Address:**

**Post code:**

**Contact number**

**Home:**

**Mobile:**

**Email:**

**Exercise on referral may not be suitable for patients where there is no underlying medical condition or risk.**

## Exclusion Criteria for the EOR Programme

- |   |  |
|---|--|
| - Resting heart rate > 100 bpm.   | - Uncontrolled arrhythmia, hypertension and/or diabetes. |
| - Systolic blood pressure > 180mmHg or diastolic blood pressure > 100mmHg.  | - Unstable angina.                                       |
| - Recent electrocardiogram changes suggesting recent myocardial infarction. | - Acute aortic dissection.                               |
| - Febrile illness.  | - Acute myocarditis or pericarditis.                     |
| - Significant drop in blood pressure during exercise.                       | - Acute pulmonary embolus or pulmonary infarction.       |
| - Pain, dizziness or excessive breathlessness on exertion.                  | - Suspected or known dissecting aneurysm.                |
| - Uncontrolled psychiatric illness  | - Acute infections.                                      |
|   | - Uncontrolled visual or vestibular disturbances.        |
|   | - Recent injurious fall without medical assessment.      |

## Please select the reason for referral (tick all that apply)

**If referring for Escape-Pain, please tick here ☐**

Musculoskeletal Conditions	Cardiovascular Conditions	Respiratory Conditions	Neurological Conditions
<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Asthma/COPD	<input type="checkbox"/> Parkinsons/ Parkinsonism
<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Hypercholesterolaemia	<b>Metabolic Conditions</b>	<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/> Joint Replacement	<input type="checkbox"/> Heart Failure	<input type="checkbox"/> Obesity	<input type="checkbox"/> Spinal Cord Injury
<input type="checkbox"/> Osteoporosis	<b>Psychological Conditions</b>	<input type="checkbox"/> Diabetes Type 1 & Type 2	<input type="checkbox"/> Cerebral Palsy
<input type="checkbox"/> Simple Mechanical Back Pain	<input type="checkbox"/> Depression/Stress/ Anxiety		<input type="checkbox"/> Stroke Survivor / TBI
<input type="checkbox"/> Other (please specify)			

## Specialist Schemes

- |   |  |  |                               |
|---|--|--|-------------------------------|
| <input type="checkbox"/> Pre- & Post-Natal<br>Pregnancy | <input type="checkbox"/> Phase IV Cardiac      | <input type="checkbox"/> Cancer Rehab and Post         | <input type="checkbox"/> PTSD |
|   | <input type="checkbox"/> Mental Health Support | <input type="checkbox"/> Depression/Stress/<br>Anxiety |                               |

**Please supply ALL RELEVANT information about the patients' health status:**

Resting Heart Rate:

Blood pressure:

BMI:

Please provide details of **medical conditions** and **medication** being taken. If known, please include the known impact upon everyday function /exercise capacity.

<b>Relevant Medical Conditions</b>	<b>Medication</b>
<b>Additional Relevant information</b>	

<b>Referring Practitioner Name and Surgery</b>  <b>Note to practitioner:</b> · By completing this referral, you are not assuming responsibility for the administration of delivery of the exercise programme · Clinical responsibility rests with the referrer · Responsibility for the administration and delivery of the exercise programme rests with the exercise specialist · Responsibility for consent to take part in the exercise programme and following the plan and the exercise specialist's guidance rests with the participant.	I can confirm that the details given are a true reflection of the patient's medical history and medication. I refer this patient to the Shropshire Leisure Time exercise on prescription scheme.  Signature:   Print Name:
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<b>Patient's consent:</b> The reason I have been advised onto the Exercise Referral Scheme has been fully explained to me. I am prepared to participate, and I give permission for this information to be passed to staff involved with the exercise on referral scheme. <b>Signature:</b>  <b>Print name:</b> _____ <b>Date:</b> _____
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# Please remember to take this completed referral form to your first appointment with your chosen exercise on referral venue

## Patient Information

Your health professional has agreed that attending an exercise referral programme will help you to benefit your current health condition and you are safe to exercise.

## What is Exercise on Referral?

Exercise on Referral is a programme that support individuals with physical, mental and social impairments across the board to help improve their health and wellbeing, through predominantly but limited to physical activity

Specialised instructors work with you to plan a safe and effective exercise programme, taking into consideration both your exercise preference and ability. The programme will help you build your activity safely over an approx. 3-month period. Instructors will be on hand to talk through any concerns you may have about exercising, with supervised opportunities.

## Procedure

- Referral letter emailed or passed onto the Exercise on Referral (EOR) Team
- EOR Member of staff will be in contact to organise a day or time for an *Initial Consultation*
- Initial Consultation with a Clinical Exercise Specialist
  - 60-minute 1-2-1 discussion
  - Pre-Assessment data collected
  - Pre-Questionnaire / paperwork
- A *Personal Exercise Programme* developed to meet your individual needs
- An *Introduction*, face to face in the gym to ensure an understanding of the programme is achieved
- *Reassessment Review* for progress monitoring at the end of the 3-month programme
- *Follow-Up and Signposting* across various activities across the community

## Information

For information on your local Exercise on Referral venue, costs and times, visit the EOR website, email or call.

Website: [Exercise on referral scheme | Shropshire Council](#)

Email: [EOR.leisure@shropshire.gov.uk](mailto:EOR.leisure@shropshire.gov.uk)

Exercise Referral Coordinator: Jodie Bocking

Exercise Referral Instructor: Cara Lewis

or call: **Church Stretton Leisure Centre**      **01694 720051**

**SPARC Bishops Castle**      **01588 630243**

**NOTE: Shropshire Exercise on referral programme are not subsidised by Shropshire Council or the NHS, prices are set by each individual centre. For more details contact your centre.**