

First name: \_\_\_\_\_ Surname: \_\_\_\_\_ Gender: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Mobile: \_\_\_\_\_ Daytime tel: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 GP: \_\_\_\_\_ GP practice: \_\_\_\_\_

Please state if the patient has any of the following contraindications to physical activity, if yes the patient will not be eligible to join the scheme.

- Unstable Angina                       Uncontrolled Diabetes                       Recent acute soft tissue injury  
 Systolic Blood Pressure 180mm/Hg at rest                       Diastolic Blood Pressure 100mm/Hg at rest  
 Uncontrolled Tachycardia 100bpm at rest                       Unstable or acute heart failure

Reason for referral:  Inactive                      AND please tick at least one of these other criteria

Controlled Hypertension                       Osteoporosis                       Smoker                       Controlled Diabetes  
 Unhealthy Weight (BMI>28)                       Stroke                       COPD                      Long Covid  
 High Cholesterol Levels                       Cancer                       Osteoarthritis/ Rheumatoid Arthritis  
 Musculoskeletal                       Heart Disease                       Mild to Moderate Mental Health Condition  
 Rehabilitation Back Pain                       Other (please state) \_\_\_\_\_

Medication:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_

Blood Pressure: Systolic: \_\_\_\_\_ Diastolic: \_\_\_\_\_

Additional comments/ Relevant conditions:  
 \_\_\_\_\_  
 \_\_\_\_\_

Healthcare Professional Declaration:  
 I am not aware of any contra-indication to physical activity for this referred patient.

I have explained the scheme to the patient and they have given consent for the sharing of relevant health information between the appropriate healthcare and exercise professionals, consenting to the above information being held on a database.

All personal data provided will be held in accordance with GDPR. For more information, please view SLL's Privacy Policy at reception, find it in the footer of our website at [www.sll.co.uk](http://www.sll.co.uk) or request for an email copy at [enquiries@sll.co.uk](mailto:enquiries@sll.co.uk)

Print name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_