

**Part A – GP or REFERRING PERSONEL CONSENT**

Patients name:

Patients GP:

I recommend the above patient to participate in the moderate programme of appropriate physical activity. I confirm that I have discussed the programme of activity with the patient and that I will notify the Birchwood Leisure Centre instructor of any relevant health changes to the patient’s medical condition.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name of referringpersonnel or surgery stamp. \_\_\_\_\_ Practice: \_\_\_\_\_

**Part B – PATIENT CONSENT**  
(to be completed by patient prior to attending Leisure Centre)

I consent to participation in a structured programme of physical activity of low to moderate intensity, the nature and purpose of which has been explained by my referring personnel and / or the Leisure Centre Instructor. I consent to the release of the relevant medical information about myself to the Birchwood Leisure Centre staff.

***Information obtained will be treated as strictly confidential.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**Part C – MEDICAL INFORMATION (to be completed by referring personnel)**

1. Reason(s) of Referral (please tick)

<input type="checkbox"/> Overall Health	<input type="checkbox"/> Mild Hypertension (unmedicated)
<input type="checkbox"/> Mobility	<input type="checkbox"/> Mild Asthma
<input type="checkbox"/> Muscle Strength	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Stress / Depression	
<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Hypertension (medicated)
<input type="checkbox"/> Menopause	<input type="checkbox"/> Post Heart Attack (subject to patient completing phase 4 cardiac rehabilitation programme)
<input type="checkbox"/> Osteoporosis	

Other (please state):  
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2. Baseline Measures (must be completed)

Systolic BP	Diastolic BP	Resting Heart Rate

3. Relevant Medical History  
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4. Current medication(s) and Dosage (please list any possible side effects to daily physical activity or exercise)  
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5. FURTHER INFORMATION (contraindications to some forms of physical activity)  
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**PATIENT'S FOOTNOTE:** Once this form has been completed and signed by your referring personel, complete Part B. To make an appointment with KeepMoving fitness instructor please contact Birchwood Leisure Centre in Hatfield or send an email to [pawel.medowski@hatfield-herts.gov.uk](mailto:pawel.medowski@hatfield-herts.gov.uk).

**PLEASE BRING THIS FORM WITH YOU TO YOUR LEISURE CENTRE APPOINTMENT**