

Does the patient consent to the data on this form being shared with local delivery partners? Tick box for yes only

For information about why local delivery partners need to collect patient details, please refer to the Fair Processing Notice at: lrspport.org/activer referral

Personal Information

Patient's Full Name:

Address:

Postcode:

Telephone No:

Email:

What best describes their gender?: Male Female
 Prefer to self describe Prefer not to say

Date of Birth:

Is the patient currently inactive? [less than 30 mins physical activity a week] Yes No

Recommended Active Referral Scheme Programme [please select the most relevant one]

Exercise Referral Programme [Level 3]

Back Pain Programme

Cardiopulmonary Rehabilitation Programme [Phase IV]

Steady Steps Programme [>65 years & <3 falls in a year]

Other local Programme [e.g Breathlessness Rehabilitation]

Please check patient is eligible for referral by visiting lrspport.org/activer referral

Health Conditions [please select all that apply]

Asthma [stable and controlled]

CHD/angina pectoris [stable no MI]

Diabetes mellitus [type 1] [controlled]

Diabetes mellitus [type 2] [controlled]

COPD [mild-moderate]

Hypercholesterolemia [diagnosed and stable]

Hypertension [<180/100mm/Hg] Latest BP reading:

Joint replacement [>3 post op] Please state:

Obesity [BMI 30+] Reading:

Osteoarthritis Please state:

Osteopenia/ osteoporosis

Rheumatoid arthritis

Simple mechanical back pain

Stress, anxiety, depression [mild-moderate] Please state:

Other stable and controlled mild-moderate health condition
Please state:

Cardiopulmonary Rehabilitation Referrals Only [please select all that apply]	Current Medication [please select all that apply]
<input type="checkbox"/> Angina (triggers/relief):	<input type="checkbox"/> Ace Inhibitor
<input type="checkbox"/> Angioplasty/stent Date:	<input type="checkbox"/> Anti-arrhythmic
<input type="checkbox"/> Arrhythmias (Please state):	<input type="checkbox"/> Aspirin
<input type="checkbox"/> BP reading	<input type="checkbox"/> Calcium channel blocker
<input type="checkbox"/> CABG Date:	<input type="checkbox"/> Digoxin
<input type="checkbox"/> Heart failure	<input type="checkbox"/> Inhaler
<input type="checkbox"/> ICD (type & settings):	<input type="checkbox"/> Statin
<input type="checkbox"/> MI Date:	<input type="checkbox"/> Warfarin
<input type="checkbox"/> Normal RHR	<input type="checkbox"/> Other please state:
<input type="checkbox"/> Pacemaker	

LV Function	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
ETT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Result:	Date:
Endurance Shuttle Walk Test	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Result:	Date:
Has the patient attended a COVID Recovery/Rehabilitation Programme?	<input type="checkbox"/> Yes	Date:	<input type="checkbox"/> No	

Other relevant cardiac history/investigations:

Additional Information (e.g. physical limitations, medication, accessibility requirements, physical activity preferences)

Referrer Authorisation

I can confirm the details given are a true reflection of the patient's medical history. The patient is compliant with their medication and is safe to exercise.

Address of referrer:

Name of referrer: Profession of referrer:

Signature of referrer: Date:

Please securely email this form to the relevant Active Referral Coordinator

Blaby	0116 2727523	exercise.referral@blaby.gov.uk
Charnwood	01509 611080	GPreferral@charnwood.gov.uk
Harborough	01858 821286	exercisereferral@harborough.gov.uk
Hinckley & Bosworth	01455 255870	exercisereferral@hinckley-bosworth.gov.uk
Melton	01664 502416	exercisereferral@melton.gov.uk
North West Leicestershire	01530 454785	exercise.referral@nwleicestershire.gov.uk
Oadby & Wigston	07795 521525	exercisereferral@oadby-wigston.gov.uk
Rutland	01572 490030	activerutlandhealth@rutland.gov.uk

For more information about which Active Referral programmes are delivered in each area, please visit [lrsport.org/activereferral](https://www.lrsport.org/activereferral)