



Terri Bryant, 20 The Smithy, Denmead, PO7 6YS

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Exercise Referral Form

Patient Details

Patients Name:	DoB:
Address:	Post code: Tel: Mob:
E-mail address:	

Reason for Referral:	
GP Signature: Date:	
Clinical Diagnoses	Medication

GP Details

GP Name: Dr	Tel: Fax:
Practice Address/Stamp	
E-mail address:	

PLEASE TURN OVER

(Adapted from NQAF, DoH, 2001) **Sept 2008**



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Please indicate here any relevant exercise information about the patient – please refer to the Exclusion Criteria attached:

BP: Resting Heart Rate:

BMI:

Peak flow:

Any other relevant information about the patient:

Any known contra-indications which may affect exercise tolerance:

THANK YOU

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Exclusion Criteria

If any of the following conditions are present a Referral for Exercise should NOT be made:

- Unstable Angina
- Resting systolic blood pressure > 180mmHg or resting diastolic blood pressure > 100mmHg
- Ventricular or aortic aneurysm
- Uncontrolled tachycardia >100bpm at rest
- Unstable or acute heart failure
- Poorly controlled arrhythmia
- A CVD patient who has not had a recent negative ECG stress test or recent satisfactory attendance at a cardiac rehabilitation programme
- Recent evidence of a sudden deterioration of symptoms from any cardiovascular or respiratory condition
- Poorly controlled diabetes, the existence of complications
- Febrile illness (temporary)

Note: If important medication which may be required before or during an exercise session, e.g. GTN spray/tablets or Ventolin, has been left at home the patient should NOT exercise.