

Exercise Referral Form



Thank you for choosing Cambridge City Council's exercise referral service. This service provides prescriptive gym programmes, specialist classes and the opportunity for recreational swimming. Please note that this service is available to any person aged 18 years plus, living in and around Cambridge, who is currently inactive and lives with a long-term medical condition or disability. This service is subsidised but payable and available for a minimum of 12-weeks following enrolment. For more information on how much it costs and where services are currently located visit: www.cambridge.gov.uk/startup, call 07525 800996 or e-mail: startup@cambridge.gov.uk

Health professionals – what to do next:

1. Complete the referral form,
2. Print/ or download and sign the form,
3. E-mail or hand the completed form to the PATIENT. Please do not send referrals forms either by post or via e-mail to the service.

Please note – the service should not be used to replace clinical rehabilitation or physiotherapy, where this is required by the patient.

Patient/client – what to do next:

1. Visit our website for more information on the services that are provided: www.cambridge.gov.uk/startup
2. Choose the centre in which you wish to start your exercise referral programme and contact the exercise referral instructor for that centre by phone or e-mail:

Venue	Telephone	E-mail
The Abbey Leisure Complex	01223 240271	healthwisecambridge@GLL.org
Cherry Hinton Village Centre	01223 240271	healthwisecambridge@GLL.org
Chesterton Sports centre*	07525 800996	startup@cambridge.gov.uk
Hills Road Sports & Tennis Centre*	07525 800996	startup@cambridge.gov.uk
Home programme (FREE & available online only)*	07525 800996	startup@cambridge.gov.uk
The Meadows Community Centre (classes only)	01223 571431	heartbeatfitness@ntlworld.com
Parkside Pool & Gym	01223 240271	healthwisecambridge@GLL.org

(*Service temporarily suspended from October 2024 – check website for updates on resumption)

When selecting a venue, consider how convenient and accessible the location is to you. Be sure to bring your completed referral form & correct payment to your initial appointment. For general enquiries about the service, please e-mail: startup@cambridge.gov.uk

Exercise referral form – to be completed in FULL by a health professional.

Patient Details	
Name	
Date of Birth	
Address	
Postcode	
Contact Telephone	
Email	

Registered Medical Practice	
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Referring Professional Details

Name	
Profession	
Surgery/Department	
Contact Telephone	
Email	

Baseline Measurements (within previous 6 months, if known)

BP		RHR		BMI	
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Primary Reason for Referral e.g. lose weight, glucose control, cancer rehab. Please note 'general fitness' not acceptable without a presenting medical condition.

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Other Medical Conditions

<input type="checkbox"/> Asthma	<input type="checkbox"/> COPD	<input type="checkbox"/> Anxiety Disorder
<input type="checkbox"/> Chronic Back Pain	<input type="checkbox"/> Cancer – give type:	
<input type="checkbox"/> Established CHD, Angina or Previous MI (See Point 6)		
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Neurological Conditions – give type:	
<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> BMI>30
<input type="checkbox"/> Stroke/TIA – give date:		
Diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Family History		
<input type="checkbox"/> Other – specify:		

Current Medication and Dosage (attach prescription list if easier)

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Cardiac History

For patients with a history of cardiac disease or a cardiac event, the patient's GP MUST complete a British Association of Cardiac Rehabilitation Form. This is available to download from www.cambridge.gov.uk/refer-a-patient-to-the-exercise-referral-service or contact startup@cambridge.gov.uk

Health Professional Declaration

To the best of my knowledge, the information provided on this form is an accurate representation of the patient's health and medical background. I have discussed the exercise referral programme with this patient and I believe that the patient is clinically stable and medically safe to participate in a tailored/ prescriptive programme of physical activity.

Signature	
Date	

Patient Consent

I agree that the above information is correct and consent for my medical information to be kept within data protection guidelines by the exercise referral service, once I have registered for the service.

Signature	
Date	

Further information on how your personal data will be used, stored and shared by the Exercise referral service at Cambridge City Council or by Greenwich Leisure Limited will be provided by your Exercise referral instructor at the time of your initial assessment.