

Exercise Referral Programme

Patient Eligibility Criteria

Patients must be

- Aged 18 years or over
- Fully clinically stable and compliant with their medication
- Meet at least one of the inclusion criteria listed below
- Able to self-support while exercising (some support can be provided, speak to Instructor first)
- Able to walk unassisted with or without a walking aid for at least 50meters

The following are **excluded** from the referral programme:

- Aortic stenosis
- Severe dyskinesia
- Any unstable condition e.g. angina, heart failure, mental health status
- Any uncontrolled condition e.g. arrhythmias, diabetes
- Resting tachycardia greater than 100
- Systolic blood pressure greater than 180/100
- Any condition which may be exacerbated by exercise
- Repeated and/or unexplained Falls

Participant Details

Title		Forename		Surname	
Address					
Postcode		Date of Birth			
Email					
Contact number					
Preferred contact					

Reason(s) for referral (please mark all that apply)			
Alcohol/drug rehabilitation		High Cholesterol	
*Cardiovascular disease		Hypertension	
Completion of cardiac rehab		*Joint mobility/MSK	
Completion of pulmonary rehab		*Mental health / emotional wellbeing	
Parkinson's Project		Diabetes & Pre Diabetes	
Family history of coronary heart disease		Other (please give full details below)	
BMI greater than 30			

*Please include specific condition and advise more information below

Any other condition(s) that is not noted above such as asthma, impaired cognition or dizziness

Please indicate whether the patient is taking medication that will alter the following responses to exercise

Heart Rate ☐ Pain ☐ Other (please detail) ☐ No

Please provide any relevant past and present medical information, additional information and specific considerations. Please ensure we are aware of all information that could affect the patient's ability to exercise, or that the exercise referral coach may need to know in order to ensure a safe and effective programme of activity (including any medication).

Please include any exercise or approaches that should be avoided.

For further information please contact:

Scott Mulhearn – smulhearn@enjoyleisure.com - 07776466268

Referring Healthcare Professional details

Title		Forename		Surname	
Practice Name					
Email					
Contact Number					

To the best of my knowledge, the information provided is an accurate representation of the patient's health.

I believe the named patient to be clinically stable and medically safe to participate in a structured, graded exercise referral programme.

By signing this document you are confirming that you have informed us of any contra-indicators that you are aware of which may affect the patients ability to take part in physical activity. You are also confirming that you have explained to the patient that this information will be passed to **enjoyleisure** and that they have given their explicit consent for this to happen.

Please ensure you have informed the client of the next steps to join the programme.

Signature.....Date.....

After the patient has read the notes below and provided consent, please email this form to:

exercisereferral@enjoyleisure.com

Data Protection and Consent

Please read before registering with the programme and signing below.

It is your responsibility to inform the exercise referral coach of any changes to your health status. **enjoyleisure** will be responsible for holding and processing your data in line with current data protection guidelines.

Participant declaration

"I, the participant, have read the above notes, fully understand the programme and give my explicit consent for any relevant clinical information about my health to be transferred to staff within **enjoyleisure** who are directly involved with this programme".

Participant SignatureDate Verbal Consent given ☐

enjoyleisure Privacy Notice

enjoyleisure is committed to protecting your privacy. We will only use the information that you provide to us lawfully in accordance with the General Data Protection Regulations (GDPR) as tailored by the Data Protection Act 2018. Data collected will be relevant and may include but not limited to your name, address, phone number, e-mail address and medical details relevant only to this exercise referral programme and referral. **enjoyleisure** will store all personal and confidential material securely and will not disclose personal information to any third parties, however, we may share information with other agencies including East Lothian Council only where the GDPR framework allows it, if this will help to improve the service you receive or develop future services. If you do not wish certain information about you to be exchanged with East Lothian Council, you can request that this does not happen.

We will share anonymised statistics to the funders of this programme, but this will NOT include your personal details. We will share details with the GP practice you are referred from and this will include personal details. We may send emails to you unless requested not to do so, this will be related to this programme only. We will endeavour at all times to ensure any information collected will be accurate and up-to-date. You can contact us to check the information we hold about you and we will amend it accordingly if inaccuracies are found. The personal information we hold will be held securely in accordance with the law. There is more detail on the **enjoyleisure** privacy policy on our website; www.enjoyleisure.com and we would encourage you to read this policy in full.

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