

# EXERCISE REFERRAL FORM

TO BE COMPLETED BY THE PATIENT – please either print and photograph this form, or complete online. Once complete, please attached to the online form or email to **exercise@aecc.ac.uk**

Name .....

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

- |   |                            |                            |
|---|----------------------------|----------------------------|
| 1. Has your GP ever said you have a heart condition of high blood pressure?                           | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 2. Do you feel pain in your chest at rest/during activities of daily living/during physical activity? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 3. Do you lose balance because of dizziness or have you lost consciousness in the last 12 months?     | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 4. Have you ever been diagnosed with a chronic medical condition?                                     | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 5. Are you currently taking prescribed medication for a chronic medical condition?                    | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 6. Do you have a bone or joint problem that could be made worse by becoming physically active?        | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 7. Has your GP ever said that you should only do medically supervised activity?                       | Y <input type="checkbox"/> | N <input type="checkbox"/> |

If yes to any of the above, please give details .....

- |  |                            |                            |
|--|----------------------------|----------------------------|
| 8. Have you ever had any surgery or broken any bones | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|--|----------------------------|----------------------------|

If yes, please give details .....

- |   |                            |                            |
|---|----------------------------|----------------------------|
| 9. Do you know of any other reason you should not take part in physical activity? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|---|----------------------------|----------------------------|

If yes, please give details .....

### **Please read the following information carefully:**

1. You should wear loose, comfortable clothing to exercise sessions and suitable footwear such as trainers.
2. You should bring a water bottle and any medications with you such as inhalers.
3. It is likely that you may become sore in the initial stages which is normal after exercise.
4. You may not feel any improvement for up to 6 weeks.

If you have any questions or concerns at any time, please inform your intern or speak to a member of staff.

**I declare that I have read the above and answered to the best of my knowledge.**

**Signed**.....

**Date**.....