Referral/Booking Form

All sections must be completed for the booking to be accepted (please print)

Which healthy lifestyle scheme are you interested in attending?

- ☐ Cardiac Rehab Phase 3
- ☐ Cardiac Rehab Phase 4
- ☐ FORCE Cancer Referrals
- ☐ Weight Management
- ☐ Walking for Health
- ☐ PULSE Scheme

Participants name:

Address:

Postcode:

Telephone number:

Email address:

Date of birth:

Reasons for referral:

- ☐ Achieve fitness
- ☐ Hypertension
- ☐ Diabetes
- ☐ Post - op
- ☐ Joint pain
- ☐ Depression / anxiety / stress
- ☐ Other: please specify
- ☐ Weight reduction
- ☐ Other CHD risks
- ☐ Stroke
- ☐ Post natal
- ☐ Muscular pain

Medical History

- ☐ MI
- ☐ Asthma
- ☐ Osteoarthritis
- ☐ Other: please specify
- ☐ Heart failure
- ☐ COPD
- ☐ Osteoporosis

Objectives of referral / recommendations for exercise:

- ☐ Light conditioning
- ☐ Balance
- ☐ General conditioning
- ☐ Mobility
- ☐ Postural alignment
- ☐ Flexibility

With caution: please specify why

Specific aim: please identify

One of our team will contact you shortly.

www.ledleisure.co.uk

Blood pressure: /

Pulse rate:

Regular: ☐ *Yes* ☐ *No*

Current Medication:

- ☐ *Beta blockers*
- ☐ *Other heart medication*
- ☐ *Inhalers for breathing problems*
- ☐ *Antidepressants*
- ☐ *Medication that might cause fainting*
- ☐ *Diuretics*
- ☐ *Other significant medications that may effect exercise capacity: please specify*

Additional comments:

Name of referring practitioner: *(please print)*

Signature:

Address stamp:

Email address:

Date: