Form 1A

Health Referral Form

Please complete all sections in BLOCK capitals

REFERRERING PRACTITIONERS DETAILS

Referring healthcare professional: ………………………………………………………… Tel: …………………………………

Position: …………………………………………………… Department: ……………………………………………………

Address: ………

PATIENTS DETAILS

Surname: ……………………………………………………… Forename(s): ……………………………………………

Contact Tel: ………………………………………………… Email Address: ……………………………………………

Address: ………

Post Code: ……………………………… Gender: Female ☐ Male ☐ Date of birth: ………………………………………

Preferred method of contact to arrange consultation: Phone ☐ Email ☐ Post ☐

PRIMARY REASON FOR REFERRAL List ONE condition only from the inclusion criteria

……

Other medical conditions

……

BIOMETRICAL READINGS (where applicable)

Blood Pressure: ………/……… Resting Heart Rate: ………… Blood Sugar: …………… Cholesterol: …………

MEDICATION AND DOSAGE

1. ……………………………………………………… 3. ………………………………………………………

2. ……………………………………………………… 4. ………………………………………………………

Known possible effects of medication on exercise ability (side effects):

……

PREFERRED SITE TO ATTEND

Dearneside ☐ Dorothy Hyman ☐ Hoyland ☐ Metrodome ☐ Royston ☐

PATIENT CONSENT

I agree for the above information to be passed onto Barnsley Premier Leisure (BPL) Exercise Instructors and give my consent to be contacted by referral staff. I understand that I am responsible for monitoring my own responses during exercise and will inform the Instructor of any new or unusual symptoms. I will also inform the Advisors of any changes in my medication and the results of any investigations or other treatments.

Patients signature: ……………………………………………………… Date: ……………………………

REFERRER CONSENT

I refer this patient in accordance with the guidelines of the scheme, which I have received, read and understood. If I become aware of their condition(s) changing in any way, I will inform the Health Referral Scheme as soon as reasonably possible. It is my professional opinion that this patient is fit and able to exercise.

Referrers Signature: ……………………………………………………… Date: ……………………………

Return referral form to: Health Referral Scheme, Metrodome Leisure Complex, Queens Road, Barnsley, S71 1AN
or scan and send to secure email bpl.hrs@nhs.net