

SCHEME REGULATIONS

Inclusion criteria:

- Coronary artery high risk factors (smokers, hyperlipidaemia, obesity, strong family history of CHD in sibling/parent (male < 50, female < 55))
- Overweight and obese with BMI 25-40
- Controlled hypertension < 160/100
- Diabetes
- Asthma - mild to moderate
- Chronic obstructive airways disease
- Osteoporosis - asymptomatic or risk factors
- Osteoporosis - mild to moderate
- Longstanding back pain
- Anxiety and stress
- Depression
- Pre-natal
- Post-natal
- Pre-operative conditioning
- Post-operative - post hospital rehab or discharge by physiotherapy department
- Neurological conditions such as multiple sclerosis

Exclusion criteria:

- Medical conditions that are not controlled
- Anyone at risk of falls
- Unstable or uncontrolled cardiac disease or a recent cardiac event
- Heart failure
- Unstable angina
- Uncontrolled BP over 180 / 100
- Claudication
- Severe osteoarthritis
- Dizziness or syncope
- Orthopnoea or PND
- Severe or brittle asthma COPD
- Poorly controlled diabetes
- Any musculoskeletal conditions that do not allow independent exercise
- Recent stroke / TIA (unless referred by neuro-rehabilitation)

Some of the above may be suitable for the free Get Active or Steady On courses.

Patients/clients may only be accepted onto the scheme under the following conditions:

- When they meet the inclusion criteria.
- When they provide this completed and signed referral form to the Horsham Wellbeing team at Horsham District Council.
- When they have signed the declaration on the physical activity readiness questionnaire (usually during their introductory appointment at the leisure centre).
- When they only use the fitness suite during the supervised sessions as agreed with the leisure centre.
- When they are committed to completing all 20 sessions, preferably within a 10 week period.
- If the Health and Wellbeing team receive a referral form and think that an alternative wellbeing service would be more beneficial to the individual, they will signpost as appropriate.

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Horsham District Wellbeing

Exercise Referral Scheme



Exercise Referral Form

Section A of this form should be completed and signed by a healthcare professional and handed to the patient/client.

Section B should be completed and signed by the patient/client.

PLEASE NOTE: Patients/clients cannot be accepted onto this scheme until this form has been fully completed.

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DISCOUNTED
PRICES

SECTION A

Confidential patient/client record to be completed by the healthcare professional

Name of patient/client to be referred

Date of birth

Reason(s) for referral - **please tick box(s) on back cover.**

Please write reasons for referral here, with other relevant comments.

Related medication

What exercise you feel would be beneficial

Name

Title/qualifications

Practice name

I agree to my patient/client entering the Exercise Referral Scheme. Responsibility for the safe and effective management, design and delivery of the exercise programme now rests with the exercise professional at the leisure centre, who will not breach rules of confidentiality. My patient understands the commitment required whilst participating in the scheme.

Health professional's signature

Date

SECTION B

To be completed by the patient/client being referred

Name

Contact telephone number

Address

Postcode

I would like to join the scheme at (please tick)

Billingshurst Leisure Centre

Henfield Leisure Centre

Broadbridge Heath Leisure Centre

Pavilions in the Park (Horsham)

Chanctonbury Leisure Centre (Storrington)

Steyning Leisure Centre

I understand that responsibility for the safe and effective management, design and delivery of the exercise programme now rests with the exercise professional at the leisure centre.

I agree to follow the exercise programme that has been developed for me.

I understand I will have to pay for the 20 sessions (at a discounted price).

I understand the information on this form will be shared with Horsham Wellbeing and my chosen leisure centre.

Signed

Date

(Parent/Guardian if under 18 years)

Once this form has been fully completed and signed, you or your healthcare professional should send or scan/email it to Horsham District Council. The Wellbeing team will then contact you to arrange an appointment.

Horsham Wellbeing, Horsham District Council, Parkside, Chart Way, Horsham RH12 1RL.
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