

# Live Borders Exercise Referral Form



Date of Referral: \_\_\_\_\_

## Patient Details

Name:		
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth		
Address:		
		Postcode:
Contact Telephone:		Email:
Emergency Contact Name:		Telephone:
Best Contact Time:	AM (9.00am - 12.00) <input type="checkbox"/>	PM (12.00 - 5pm) <input type="checkbox"/>

Reason for Referral .....

## Health conditions and any considerations that may affect mobility

Visual Impairment <input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>	Memory Impairment <input type="checkbox"/>
Disability: Physical <input type="checkbox"/>	Learning <input type="checkbox"/>	Sensory <input type="checkbox"/>
		Other <input type="checkbox"/>

Brief client summary (including medical history) along with any information that may aid with instructor delivery

### \*Exclusion Criteria

- Any unstable medical condition which would be **exacerbated** by exercise
- |                                 |   |
|---------------------------------|---|
| Unstable angina                 | Unstable or acute heart failure           |
| Resting SBP > 180mmHG           | Resting DBP > 100mmHG                     |
| New or uncontrolled arrhythmias | Uncontrolled resting tachycardia > 100BPM |

## Referral Options (please tick)

**Steady:** Follow on class from falls prevention for individuals who have balance and mobility issues

**Gentle Movement/Gardening/Walking:** All low level with options of gentle relaxing exercise classes (similar to Qigong), outdoor activities and health walks.

**Small Group Exercise/Health Condition Class:** Moderate level class for people with any long term health condition or disability\*. This can take place within a closed studio or gym environment and includes exercises/routines to suit each individual.

**Activity Referral Membership:** Subsidised all-inclusive membership for those who can exercise independently and are able to follow a structured exercise programme. Gym inductions and exercise programmes will be provided at your first appointment.

## Patient Consent

The Activity Referral physical activity programme has been fully explained to me. I am prepared to participate and understand the costs involved and the support available to me. I give permission for this information to be passed to the Health and Physical Activity Development Officer and the Health Instructors.

Verbal consent given

Signature of referrer:

Print Name:

Designation:

Place of Work:

Telephone:

Email:

## Data Protection Act 2018 and General Data Protection Regulations (GDPR) - Fair Processing notice

This form collects some personal data relating to you. The information supplied on this form will be held on a Live Borders Database. Personal data is held only as long as necessary, and is kept to a minimum to meet business requirements.

You have the following rights related to your personal data:

- The right to request a copy of the personal data held about you
- The right to request that inaccuracies be corrected
- The right to request us to stop processing your personal data
- The right to lodge a complaint with the Information Commissioner's Office or Fundraising

## Regulator

The information may also be used for marketing purposes and you could be contacted by letter, telephone, email with details of future events and courses organised or promoted by live Borders.

Please tick if you **would** like to receive further information including special offers from Live Borders

**Please send all completed forms to:** [bord-uhb.exercisereferral@borders.scot.nhs.uk](mailto:bord-uhb.exercisereferral@borders.scot.nhs.uk)

## For more information:

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