ACTIVITY ON REFERRAL (AoR) FORM

Patient Information *(Please print clearly)*

Name……..... Sex: Male ☐ Female ☐

Address…….....…… Date of Birth: ……. ……../ ……..……/ ……..…....

…… Tel No: ……

Post Code…….. Date of referral: ...……/……/…….....

Referral Information *(Please tick)*

Overweight/Obesity BMI > 30 or > 28 with co-morbidities	☐	Asthma	☐
Diabetes (Type I/Type II) *please circle*	☐	COPD/Pulmonary *(lung related)*	☐
Q®Risk Score > 10%	☐	Neurological (Parkinson's/MS)	☐
Controlled hypertension (< 160/100 mmhg)	☐	Back pain (not acute)	☐
Impaired Strength or Mobility	☐	Stable Angina (Controlled & stable for 6 months	☐
Smoker attempting to quit	☐	Mild Depression/Anxiety/Stress	☐
Pre-diabetes: fasting plasma glucose level of 5.5–6.9 mmol/l or an HbA1c level of 42–47 mmol/mol (6.0–6.4%).			☐

Current Medication	**Additional Information**
Please check for contraindications for physical activity	Any relevant medical conditions? (eg: mobility or cardiac problems etc) or any specific activities/exercise that would be inappropriate for this patient.

Referrers Information

Name of Health Professional: …… Signature: ……..…..

Medical Practice: …… Tel Number: ……

Patient Informed Consent

The Activity on Referral (AoR) Scheme has been fully explained to me. I would like to participate in the scheme to increase my physical activity levels. I therefore give my consent for my personal information and the relevant clinical information about my health to be passed to the AoR Qualified Exercise Professional at the AoR Accredited Leisure Facility of my choice.

The information provided on this form will only be used as part of the AoR Scheme to ensure that the scheme is delivered within guidelines of the County Standard Protocol. All personal data will be stored securely.

Patient's Signature: …… Date: ……../……../……

Please print 2 copies of the referral form.

Copy 1: This copy should be given to the patient
(NB: the patient is required to give this to exercise professional on initial visit and consultation)
Copy 2: To be placed on the patients file.

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Activity ONREFERRAL www.exercisecanhelp.com