

Does the medication prescribed cause any of the following, which may affect the patient's ability to exercise safely?

- Heart rate not indicative of exercise intensity
- Suppression of pain
- Dizziness

Blood pressure Body Mass Index (BMI)

Resting heart rate Regular? Yes No (please tick)

Any prohibited exercise

Any specific issues, (such as language or culture / summary of relevant medical history)

I refer this patient to the exercise referral programme and believe this information to be correct.

Health professional's signature

 Date / /


Title Print name

Surgery/centre

I understand the benefits and risks of an exercise programme and I am willing to participate.

Patient's signature

 Date / /

PLEASE BRING THIS FORM WITH YOU TO YOUR INITIAL APPOINTMENT 



For general enquiries about Start-up and ExSite please contact
telephone: 01223 458634
email: startup@cambridge.gov.uk
www.cambridge.gov.uk/startup

NB: to book your first appointment please use the number listed in the relevant section of this leaflet.



For general enquiries about Fitness4Health please contact
Lynne Potter
Health and Exercise Specialist
telephone: 01954 212042
email: Lynne@Fitness4Health.co.uk

NB: to book your first appointment please use the number listed in the relevant section of this leaflet.



In line with the National Institute of Clinical Excellence guidance, the exercise referral schemes are commissioned and managed in accordance with the National Quality Assurance Framework (NQAF) for exercise referral in England.

Exercise Referral

in Cambridge City and South Cambridgeshire

2011-2012



Specialist schemes providing physical activity opportunities for individuals with a medical condition or disability.



Introduction

Exercise Referral Schemes provide tailor-made exercise programmes for individuals who have a medical condition, disease or disability.

Qualified exercise consultants work for the schemes. They have the expertise to ensure that each participant is prescribed the right type of physical activity to benefit their health.

To ensure that there is something to suit everyone, a wide range of physical activity opportunities are available. These include gym programmes, exercise classes, swimming and aqua aerobics.

Start-up and **ExSite** are Cambridge City based schemes.

Fitness4Health is a South Cambridgeshire based scheme.

The Exercise Referral 12 week process

All the Exercise Referral Schemes run for a duration of 12 weeks. Participants must ensure that they are able to commit to the full 12-week programme.

The initial appointment with your exercise consultant will involve a simple fitness assessment, lifestyle and medical questionnaire and personal goal setting. These will help the consultant to devise your personal exercise programme.

Participants will be reassessed mid-way through the programme and at the end of the 12 weeks. Ongoing support from the exercise referral teams will be available throughout the process.

How to enrol

To use the scheme individuals must be referred by a health professional.

First, you will need to get your health professional to fill out the referral form (included in this leaflet). Then you should contact either the South Cambridgeshire scheme (Fitness4Health) or the Cambridge City scheme (Start-up and ExSite) to book your initial appointment. You can attend either of these schemes, regardless of where you live, but we recommend that you attend the most convenient centre. Please note that it may be slightly more expensive for non-City residents to access the Cambridge City Start-up or ExSite schemes – please call for further details.

You must bring the referral form with you to your initial appointment.

Joining Fitness4Health (South Cambridgeshire Scheme)



A list of centres participating in the Fitness4Health scheme, and their contact numbers, are given below. Once you have been referred by your health professional, call the centre you'd like to attend to book your first appointment.

Bottisham	01223 811121
Comberton Fitness Centre	01223 264721
Cottenham & District Sports Centre	01954 288765
Gamlingay Fitness Centre	01767 651785
Linton Sports Centre	01223 890248
Melbourn Community Sports Ltd	01763 263313
Sawston Sports Centre	01223 712555
Swavesey Sports Centre	01954 234453

As part of Fitness4Health you will have two supervised fitness room sessions per week. If you wish, you can also attend extra sessions in your own time for an additional 'pay as you go' fee. Linton, Melbourn and Sawston also offer Aquafit sessions.

Cost: Initial and final assessments cost £8 each. The cost of the course is £72 (24 classes at £3 each paid in two instalments of £36)

Please note: prices are correct at time of going to press, but may be subject to change.

Joining Start-up or ExSite (Cambridge City Schemes)



The Start-up and ExSite schemes differ in that each specialises in different types of referrals. When you call to book your first appointment, the customer service adviser will advise you which programme will be most suitable.

Start-up takes place at the Chesterton and Abbey Sports Centres. **ExSite** takes place at Chesterton, Abbey, Kelsey Kerridge and Hills Road Sport Centres. New venues may be added in 2012.

Once you have been referred by your health professional, you will need to contact the Exercise Referral office on 01223 458634. You will be asked a series of medical questions over the phone. Your responses will determine which service and venue you are eligible to access. You may then be provided with a further contact number and name for your preferred venue.

Cost: Assessment fee £15 or £7.50 if you receive free prescriptions (covers your initial, 6-week and 12-week assessments – subject to increase from April 2012).

The scheme then operates on a 'pay as you go' basis for each session you attend. Prices range from £2.50 to £4.30 per session. A full list of prices for each of the sessions will be provided for you at the initial appointment. Participants may be eligible for cheaper access to some of the sessions with a Leisure Card.

Exercise Referral Patient Information

(This information will be kept confidential)

Patient's details

Name

Date of birth / /

Address

Postcode

Telephone

Reason for referral

Clinical diagnoses and/or current problems (please tick ALL that apply)

- any serious disability
- joint/bone problem
- epilepsy
- asthma
- high blood pressure
- diabetes
- smoker
- Mental health issues
- elevated cholesterol
- chest pains/angina*
- present/past cardiac complications/investigations or surgery*
- Other (please specify)

Current medication

*If ticked, please complete the BACR CHD form

1 for

2 for

3 for

4 for

5 for



Continued overleaf>