

FITNESS 4 HEALTH

South Cambs Exercise Referral Scheme

INTRODUCTION

Welcome to the Fitness 4 Health scheme. The programme lasts for 12 weeks and is supervised by qualified staff who will ensure that you have a safe, effective and enjoyable start to a more active, healthy lifestyle. Following a personal assessment you will be given a tailor made fitness programme to help you to improve your health. You will then have 2 supervised classes per week for 12 weeks.

JOINING FITNESS FOR HEALTH

Following referral by your health professional, you must make an appointment for an assessment at one of the following sports centres which provide Fitness 4 Health classes:

Comberton Fitness Centre– contact 01223 264721
Cottenham and District Sports Centre– contact 01954 288765
Gamlingay Fitness Centre– contact Elaine Dolling on 01767 651785
Linton Sports Centre- contact Mark Wilson on 01223 890248
Melbourn Community Sports Ltd. 01763 263313
Sawston Sports Centre- contact 01223 712555
Swavesey Sports Centre- contact Tony Rudkin on 01954 234453.

The first appointment will last approximately 45 minutes. You will be asked to complete a medical questionnaire and a simple fitness assessment. Part of the assessment involves cycling on an exercise bike or walking on a treadmill, so please wear loose comfortable clothes and soft shoes (trainers if you have them).

IMPORTANT: Please bring your assessment fee of £6.80 along with the completed referral form (on the back of this leaflet) to your first appointment. The cost of the course is £66 (24 classes at £2.75 per class payable in two instalments of £33)

We look forward to meeting you.

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CAMBRIDGE CITY EXERCISE REFERRAL SERVICE



INTRODUCTION

Cambridge City Council would like to welcome you to their Exercise Referral service. Depending upon your reason for referral and the venue in which you chose to participate, you may be offered the opportunity to attend gym based, class based or pool based activities. This will be offered at a subsidised rate while you are on the scheme. The scheme lasts twelve weeks and is tailored to your needs by qualified staff, under whose supervision you will receive a safe, effective and most importantly, an enjoyable start to a more active and healthy lifestyle. The service aims to reassess you at both a mid-way and end point in order to gauge your progress and see as to how well you have been achieving your physical activity best hopes.

JOINING START-UP or ExSITE

Following a referral from your health professional, you must first contact the Exercise Referral team on: **01223 415151**. You will be asked a series of medical questions over the phone. Your responses will determine as to 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. The first appointment lasts approximately 60 minutes. Your designated exercise referral consultant will go through a medical questionnaire and a health assessment at this first appointment. You will also be informed of the activities available on the scheme and the cost of these.

IMPORTANT: Please bring your assessment fee of either £6.80 or if you are eligible for free prescriptions £2.80, along with the completed referral form to your first appointment. The costs of sessions vary depending on the activities and venue you chose. The average cost is £3 per session.

For more information on the Exercise Referral Service offered in Cambridge, please visit: www.cambridge.gov.uk/startup





Exercise Referral Schemes for Cambridge City and South Cambridgeshire



START-UP, ExSITE (Cambridge City) and **FITNESS 4 HEALTH** (South Cambridgeshire) are exercise referral schemes run by **fully-qualified staff**. These schemes provide **tailored advice** to help you **improve your health** in a **safe, effective and enjoyable** way. Joining one of these schemes is the first step towards a more **active and healthy lifestyle**

Following your referral you can either make an appointment to join **Start-up or ExSite** (based in Cambridge City) or **Fitness 4 Health** (based across south Cambridgeshire) depending on where is convenient for you. This leaflet details both schemes and provides you with instructions on how to join either scheme.

Please read the contents of this leaflet carefully



Exercise Referral Patient Information

(This information will be kept confidential)

Name _____ Date of Birth ____/____/____
Address _____

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) _____

(*If ticked, please complete the BACR CHD form.)

Current medication

1. _____ for _____
2. _____ for _____
3. _____ for _____
4. _____ for _____
5. _____ for _____

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 _____
Resting heart rate _____ **Regular?** Yes / No (please circle)
Any Prohibited exercise _____

Additional information

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** ____/____/____