**Bridge Park Community Leisure Centre**

**Exercise Referral Form**

(Please complete in BLOCK CAPITALS)

**Patient’s Name:**……………………………………………………………………………………….

**Address:**……………………………………………………………………………………………….

……..…………………………………………………………………………………………………….

**Telephone No:**………………………………………………………………………………………..

**Referral Date:**…………………………………………………………………………………………

**D.O.B:**…………………………………………………………………………………………………..

**Reason for Referral** (Please tick)

Controlled Hypertension (B/P No greater than 160/100)

Mild to Moderate Depression

REFERREES STAMP

Signature of referee:

Obesity/ Overweight

Diabetes (Type 1)

Diabetes (Type 2)

Sedentary Lifestyle

Pulmonary (Asthma, Bronchial, etc...)

Osteoarthritis

1. Current or relevant medication:……………………………………………………………………………….. …. (Attach prescription if appropriate).
2. Any other relevant medical problems: ……………………………………………………………………………………………………………………….
3. Comments: ………………………………………………………………………………………………………………………..
4. Goal Setting: ……………………………………………………………………………………………………………………….
5. Any other relevant information:…………………………………………………………………………………..

**Referring**: Doctor Practice Nurse Health Visitor Physio Other (Please state) ……………………………………………………………………………………………………………………………

**Print Name**: …………………………………………………………………………………………………………….

**Name of Doctor’s Practice and full address** …………………………………………………………………….

**To book an appointment please call 020 8937 3730**

PLEASE SCAN THE COMPLETED FORM TO [Bridgeparkclc@brent.gov.uk](mailto:Bridgeparkclc@brent.gov.uk)