

St John the Evangelist East Dulwich,
62a East Dulwich Road, SE22 9AT
Strong and Steady Exercise Group
07961 580 920

goosegreencoffeemorning@gmail.com

Self-Referral - The Strong and Steady Exercise Group

Full Name:

Date of Birth:

Address:

Telephone Number:

email:

Next of kin or emergency contact details

Name:

Telephone Number:

Relationship:

Have you previously attended NHS strength and balance exercise classes? YES/ NO

If you have recently finished a programme, ask your exercise instructor to support this referral. There is no need for GP clearance if exercise instructor support from an NHS strength and balance class is completed.

Please tick the boxes as relevant:

I understand what will happen when I attend the exercise group and I intend to:

- Attend once a week for at least 12 weeks
- Let you know if I cannot attend
- Carry out exercises at home (as instructed) to make the most out of the programme

I am able to walk at least 10 metres/yards with or without a stick

I can stand still for at least one minute without holding onto anything

I am able to follow the exercise instruction

I have included the GP or self-certified clearance to exercise form (if no instructor support) and confirm I do not have any medical conditions on the list

Signed

Dated

We will contact you to make arrangements for a pre-assessment.

By providing your personal data on this form you consent to us using your personal data in accordance with our Parish Privacy Policy which is set out in our Parish Privacy Notice. A copy of this is available on our website, and is displayed in the Goose Green centre.

Exercise instructor support

If you have recently completed an NHS strength and balance training programme, please ask your exercise instructor to complete the following information.

No need to complete if you have not previously attended an NHS strength and balance exercise class

Name and date of birth of proposed exercise group participant:

Name of exercise instructor:

Contact details for exercise instructor:

To my knowledge, the person named above does not have any contraindications to participating in strength and balance exercise:

Please provide details of the level at which the person named above was exercising in the class. Include, ability to complete exercise in standing, level of resistance used, progress to more complex balance training (obstacle work etc.) and ability to participate in floor work.

Signed and dated by exercise instructor:

GP clearance form

You need to complete EITHER this or the Self-certified clearance form.

Please ask your GP to complete this form or to provide a note with the following information:

The person named below has expressed interest in participating in the evidence-based strength and balance training group “Strong and Steady exercise group” which is held at the Goose Green Centre, St John’s East Dulwich. The following screening is required to ensure that exercise is safe and effective. Please contact Julie.whitney@nhs.net if you would like more information. Thank you for completing

Name of proposed exercise group participant:

Date of birth of proposed exercise group participant:

Has the person named above had any of the following:

Two or more unexplained / uninvestigated falls?

History of blackouts that have not been investigated?

These are not contraindications but will require investigation prior to starting the exercise group. Please consider investigating within primary care or referring for further assessment by falls clinic or community falls and rehab services.

Has the person named above had any of the following:

Unstable angina?

Systolic blood pressure ≥ 180 and/or diastolic ≥ 100 mmHg?

BP drop > 20 mmHg on exercise tolerance test?

Resting tachycardia > 100 bpm?

Uncontrolled atrial or ventricular arrhythmias?

Unstable or acute heart failure?

Unstable diabetes?

Moderate-severe cognitive impairment

Unfortunately, it would not be safe for the person to safely participate in the Strong and Steady group with any of these conditions

Name of GP:

Signature:

Date:

Practice:

GP clearance not necessary if you have exercise instructor clearance or you have provided a self-certified clearance to exercise.

Self-certified clearance to exercise

You need to complete EITHER this or the GP clearance form

The following screening is required to ensure that the Strong and Steady Exercise Class is safe and effective for you. Please confirm that the following do not apply to you.

Name of proposed exercise group participant:

Date of birth of proposed exercise group participant:

Have you had any of the following:

- **Two or more unexplained falls without seeking medical attention?**
- **Blackouts or fainting without seeking medical attention?**

*These are not contraindications but we request you **see your GP** about this before starting the exercise group to ensure they are properly investigated.*

Have you had any of the following:

- **Angina that is not controlled with medication (usually GTN spray)?**
- **Blood pressure more than 179/99 ?**
- **Difficult to control diabetes (with frequent 'hypo's' or frequent hospital admissions)?**
- **Severe problems with your memory?**

Have you been diagnosed with any of the following?

- **Blood pressure drop of more than 20mmHg on exercise tolerance test?**
- **Tachycardia (persistent resting heart rate of over 100 beats per minute)?**
- **Uncontrolled atrial or ventricular arrhythmias?**
- **Unstable or acute heart failure?**
- **Moderate-severe cognitive impairment/dementia**

If you are unsure, it is recommended you ask your GP if you have any of these conditions.

Unfortunately, if you have one of these conditions, it would not be safe to participate in the Strong and Steady group. There may be alternative options to exercise, please discuss this with your GP or other healthcare professional.

Please contact Julie.whitney@nhs.net if you would like more information or are unsure.

I understand that the exercise will be provided on the basis that I do not have any of these conditions that would otherwise exclude me on the grounds of safety to exercise.

Name:

Signature:

Date: