

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.

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 clearance form 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:

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

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*

Strong and Steady Exercise Group



ST JOHN'S
EAST
DULWICH

Name of GP:

Signature:

Date:

Practice: