

Norwich Activity Referral Scheme

Benefit Health & Fitness, 14a Church Close, Coltishall, Norwich, NR12 7DL

Patient Name:		Referrer Name:
Age:	DOB:	Referrer Designation:
NHS No:	Sex:	
Address:		Referrer Address:
Post Code:		Usual GP:
Telephone:		Practice:

Referral Reason:		
<input type="checkbox"/> CHD Risk Factors	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Neurological
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Multiple Trauma/Injury	<input type="checkbox"/> Obesity
<input type="checkbox"/> General Fitness	<input type="checkbox"/> Musculo Skeletal	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Other	
Other Relevant Information:		

BP:	BMI:
Allergies:	
Medication: Please ask patients to bring repeat prescription form to be photocopied	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Insulin
<input type="checkbox"/> Anti Depressant	<input type="checkbox"/> Weight Loss/Diet Pills
Other:	

Patient Informed Consent: This scheme has been fully explained to me, and the patient information provided (see overleaf). I wish to increase my current activity levels by participating in this scheme. I give consent for any relevant clinical information about my health and participation on this scheme to be used for evaluation and monitoring purposes. I consent to my information being stored on a database.	
Patients Signature:	Date:
Referrer Consent: I refer this patient in accordance with the guidelines of the scheme, which I have received read and understood. If I become aware of their condition(s) changing in a way that would affect the client's ability to exercise I will inform the scheme co-ordinator as soon as reasonably possible.	
Referrer Signature:	Date:

Norwich Activity Referral Scheme Patient Information

Once your activity referral form has been received by Benefit, you will be contacted and invited to come along to a consultation evening. These will be held at the host centres on a rotational basis and will involve a general presentation by some of the class instructors of the scheme, plus a one to one period. This is to fill in registration forms and to discuss your individual exercise requirements. The next step is to choose the classes you wish to attend.

The current programme of classes is listed below. Your referral allows you to access these classes for a 12 week period following the initial consultation. The cost of each session is just £2-50, payable at the time of the class.

Venue	Day	Time	Activity	Instructor
Earlham	Monday	7pm – 8pm	Circuits	Ben
Esporta Health Club	Tuesday	10am – 11am	Circuits	Tom
Riverside	Wednesday	10am – 11am	Aqua Exercise	Natasha
Norman Centre	Thursday	5.30pm – 6.30pm	Circuits	Louise
Norman Centre	Friday	9am – 10am	Circuits	Mark

The Venues

The Norman Centre
Bignold Road
Norwich
NR3 2QZ

Riverside Leisure Centre
Wherry Road
Norwich
NR1 1WX

Esporta Health Club
Drayton High Road
Hellesdon, Norwich
NR6 6DU

Earlham Centre
Recreation Road
Norwich
NR2 3PA

If you have any questions or concerns please call Benefit on 07968785928 / 07787510718 or email: info@exercise-referral.co.uk