



Medical Record Transfer Form

If you would like medical records transferred from the GP Surgery to Anglian Leisure Bottisham, please complete this form and submit it to jjamieson@bottishamvc.org. Please complete one form for each client from/to which you would like the records transferred

Client's Authorisation

Name _____ Male/Female _____ Date of Birth ____/____/____

Address _____ Postcode _____

Email _____ Telephone _____

Medical Practice Referring from

Name of Medical Practice _____

Address _____ Postcode _____

Name of Medical Practitioner _____ Telephone _____

Role of Medical Practitioner _____ Email _____

Exercise Referral Specialist Referring To

Name of Provisioner _____

Address _____ Postcode _____

Name of Exercise Professional _____ Telephone _____

Role of Exercise Professional _____ Email _____

Purpose of Disclosure ☐ (tick or cross)

Transfer of Care ☐ Continuing Care ☐ Insurance ☐

Legal Requirement ☐ Personal Use ☐ Other ☐ (please specify) _____

Records Included ☐ (tick or cross)

All records ☐ Progression ☐ Hospital Records ☐

Physiotherapy ☐ Operations ☐ Learning Needs ☐

Diagnosed Medical Condition ☐ Laboratory Notes ☐ Mental Health ☐

Other Specified Information _____



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Disclosure

I understand that this transfer form could contain sensitive information relating to my patient's conditions.

By signing this I choose to make an unbiased judgement on my patient's protected characteristics and that I agree to the terms and conditions:

-I have the right to revoke this Authorisation - Anglian Leisure Bottisham can choose to abandon this referral.

-I have the right not to sign this Authorisation- Anglian Leisure Bottisham can choose to abandon this referral.

-If information is not kept confidential nor are they correct, consequences will occur in accordance with the Data Protection Act of 1998.

-I have had the opportunity to have my questions answered.

-I understand that by referring my patient to Anglian Leisure Bottisham that the patient's relationship with the healthcare practice does not go terminated.

Name _____ Signature _____ Date ____/____/____

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Terms and Conditions

1. The referral documentation to the exercise professional must clearly state the relevant information about the patient's health status as outlined above.
2. Social prescribers should pass on any information about any changes in the health of the patient to the exercise professional in a timely manner to support the client's suitability to exercise.
3. All referrals should be able to explain the effectiveness and possible risks of physical activity in relation to specific medical conditions in relation to the care plan for the patient.
4. All referrals should have strategies that support best practice for facilitating behaviour change in clients and their response to exercise.
6. All social prescribers should retain responsibility for patients while they are on the exercise referral scheme.
7. Social prescribers should remember that the exercise referral scheme is not a substitute for physiotherapy.
8. Allied health professionals should inform the patient's GP via letter that they have referred a patient for exercise on referral.
9. Contraindications to exercise therefore under no circumstance should patients who present with the following conditions be referred to the service:
 - Cardiac Dysfunction or Disease
 - Acute Coronary event/Intervention/Diagnosis including: Stable Angina, Myocardial Infarction, CABG, Valve Replacement, Angioplasty, Stent, Heart Failure
 - Stroke/TIA - Recent but > 3 months ago
 - 20% CVD risk in next 10 years
 - And any other high-risk conditions
10. Social prescribers should not refer patients to the service who are under 16 years old, who have previously been on the programme (unless they present with a new or deterioration in health condition) or for patients who have a BMI >30 without an related medical diagnosis.