**Exercise Referral Form** (case study reference: WF/MH/01)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Mr. Arnold | **Gender** | Male |
| **Age** | 45 | **Contact** | 01234 5678910 |
| **Next of kin** | Mrs. Arnold | **Contact** | 01234 5678910 |
|  |  |  |  |

|  |
| --- |
| **Reason for Referral (plus all other medical conditions):** |
| Moderate depression |
| Diabetes Mellitus (Type 2) |
| Obesity |

|  |
| --- |
| **Medication:** |
| Fluoxetine |
| Metformin Hydrochloride |

|  |
| --- |
| **Physiological information:** |
| BP (seated): 134/86 mmHg |
| RHR: 70bpm |
| Predicted VO2max: 25 ml/kg/min |

|  |
| --- |
| **Present physical activity level (as reported by patient):** |
| Very low, essentially sedentary |

|  |
| --- |
| **Patient’s statement regarding stage of change:** |
| “I don’t believe that exercise is good for me; I’ve had injuries in the past playing sport and don’t want to go back there. I just don’t feel I have the energy to exercise” (Pre-contemplation) |

Date: Present day (for assessment purposes)

Referring Medical Professional: Dr. Wilkins

Signature: R. Wilkins

**Exercise Referral Form** (case study reference: WF/MH/02)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Mrs. Brookes | **Gender** | Female |
| **Age** | 60 | **Contact** | 01234 5678910 |
| **Next of kin** | Mr. Brookes | **Contact** | 01234 5678910 |
|  |  |  |  |

|  |
| --- |
| **Reason for Referral (plus all other medical conditions):** |
| Mild depression |
| Angina |
| Hypertension |

|  |
| --- |
| **Medication:** |
| Glyceryl Trinitrate |
| Nebivolol; Felodipine |

|  |
| --- |
| **Physiological information:** |
| BP (seated): 124/84 mmHg |
| RHR: 74bpm |
| Predicted VO2max: 28 ml/kg/min |

|  |
| --- |
| **Present physical activity level (as reported by patient):** |
| Very low, essentially sedentary |

|  |
| --- |
| **Patient’s statement regarding stage of change:** |
| “I have thought about taking part in some form of exercise, but I am not sure that I can gain any benefit from it” (Contemplation) |

Date: Present day (for assessment purposes)

Referring Medical Professional: Dr. Wilkins

Signature: R. Wilkins

**Exercise Referral Form** (case study reference: WF/MH/03)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Mr. Crown | **Gender** | Male |
| **Age** | 56 | **Contact** | 01234 5678910 |
| **Next of kin** | Mrs. Crown | **Contact** | 01234 5678910 |
|  |  |  |  |

|  |
| --- |
| **Reason for Referral (plus all other medical conditions):** |
| Anxiety |
| Diabetes Mellitus (Type 2) |
| Osteo-arthritis (hips and knees) |

|  |
| --- |
| **Medication:** |
| Fluoxetine |
| Insulin Aspart; Metformin Hydrochloride |
| Paracetamol |

|  |
| --- |
| **Physiological information:** |
| BP (seated): 126/86 mmHg |
| RHR: 71bpm |
| Predicted VO2max: 26 ml/kg/min |

|  |
| --- |
| **Present physical activity level (as reported by patient):** |
| Very low, essentially sedentary |

|  |
| --- |
| **Patient’s statement regarding stage of change:** |
| “I am looking forward to exercising, but I’m worried about going to a gym, I think I’m going to need a little support” (Preparation) |

Date: Present day (for assessment purposes)

Referring Medical Professional: Dr. Wilkins

Signature: R. Wilkins

**Exercise Referral Form** (case study reference: WF/MH/04)

Referring centre: WRIGHT Foundation Clinic for Exercise Referral Training

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Ms Downes | **Gender** | Female |
| **Age** | 52 | **Contact** | 01234 5678910 |
| **Next of kin** | Mr Dent | **Contact** | 01234 5678910 |
|  |  |  |  |

|  |
| --- |
| **Reason for Referral (plus all other medical conditions):** |
| Anxiety |
| Osteoporosis |
|  |

|  |
| --- |
| **Medication:** |
| Oxazepam  |
| Alendronic Acid |

|  |
| --- |
| **Physiological information:** |
| BP (seated): 126/86 mmHg |
| RHR: 80bpm |
| Predicted VO2max: 24 ml/kg/min |

|  |
| --- |
| **Present physical activity level (as reported by patient):** |
| Very low, essentially sedentary |

|  |
| --- |
| **Patient’s statement regarding stage of change:** |
| “I do not believe that exercise is good for me, I’m a bit nervous about the whole thing” (Pre-contemplation) |

Date: Present day (for assessment purposes)

Referring Medical Professional: Dr. Wilkins

Signature: R. Wilkins

**Exercise Referral Form** (case study reference: WF/MH/05)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Mr. Eaton | **Gender** | Male |
| **Age** | 37 | **Contact** | 01234 5678910 |
| **Next of kin** | Mrs. Eaton | **Contact** | 01234 5678910 |
|  |  |  |  |

|  |
| --- |
| **Reason for Referral (plus all other medical conditions):** |
| Anxiety |
| Asthma (stable) |

|  |
| --- |
| **Medication:** |
| Paroxetine  |
| Terbutaline; Formeterol Fumerate |
|  |

|  |
| --- |
| **Physiological information:** |
| BP (seated): 122/82mmHg |
| RHR: 82bpm |
| Predicted VO2max: 30 ml/kg/min |

|  |
| --- |
| **Present physical activity level (as reported by patient):** |
| Very low, essentially sedentary |

|  |
| --- |
| **Patient’s statement regarding stage of change:** |
| “I have thought about doing some exercise in the past, but I am not sure will be able to do it” (Contemplation) |

Date: Present day (for assessment purposes)

Referring Medical Professional: Dr. Wilkins

Signature: R. Wilkins

**Exercise Referral Form** (case study reference: WF/MH/06)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Ms. Forbes | **Gender** | Female |
| **Age** | 45 | **Contact** | 01234 5678910 |
| **Next of kin** | Mr Fuller | **Contact** | 01234 5678910 |
|  |  |  |  |

|  |
| --- |
| **Reason for Referral (plus all other medical conditions):** |
| Depression |
| Hypertension |

|  |
| --- |
| **Medication:** |
| Doxepin |
| Moexipril Hydrochloride; Furosemide |

|  |
| --- |
| **Physiological information:** |
| BP (seated): 124/84 mmHg |
| RHR: 69bpm |
| Predicted VO2max: 28 ml/kg/min |

|  |
| --- |
| **Present physical activity level (as reported by patient):** |
| Very low, essentially sedentary |

|  |
| --- |
| **Patient’s statement regarding stage of change:** |
| “I wish to start exercising, but I think I’m going to need help and a bit of motivation” (Preparation) |

Date: Present day (for assessment purposes)

Referring Medical Professional: Dr. Wilkins

Signature: R. Wilkins

**Exercise Referral Form** (case study reference: WF/MH/07)

Referring centre: The WRIGHT Foundation Clinic for Exercise Referral Training

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Mr. Greene | **Gender** | Male |
| **Age** | 50 | **Contact** | 01234 5678910 |
| **Next of kin** | Mrs. Greene | **Contact** | 01234 5678910 |
|  |  |  |  |

|  |
| --- |
| **Reason for Referral (plus all other medical conditions):** |
| Anxiety |
| Obesity |
| Hypertension |

|  |
| --- |
| **Medication:** |
| Fluoxetine  |
| Orlistat |
| Bisoprolol; Bumetanide |

|  |
| --- |
| **Physiological information:** |
| BP (seated): 126/86 mmHg |
| RHR: 74bpm |
| Predicted VO2max: 26 ml/kg/min |

|  |
| --- |
| **Present physical activity level (as reported by patient):** |
| Very low, essentially sedentary |

|  |
| --- |
| **Patient’s statement regarding stage of change:** |
| “I do not believe that exercise is good for me, I didn’t like sport at school and I don’t want to be humiliated” (Pre-contemplation) |

Date: Present day (for assessment purposes)

Referring Medical Professional: Dr. Wilkins

Signature: R. Wilkins

**Exercise Referral Form** (case study reference: WF/MH/08)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Mrs. Holmes | **Gender** | Female |
| **Age** | 49 | **Contact** | 01234 5678910 |
| **Next of kin** | Mr. Holmes | **Contact** | 01234 5678910 |
|  |  |  |  |

|  |
| --- |
| **Reason for Referral (plus all other medical conditions):** |
| Moderate depression |
| Angina |
| Osteo-arthritis (knees) |

|  |
| --- |
| **Medication:** |
| Fluoxetine |
| Glyceryl Trinitrate; Nicardipine Hydrochloride |
| Paracetamol |

|  |
| --- |
| **Physiological information:** |
| BP (seated): 122/82 mmHg |
| RHR: 75bpm |
| Predicted VO2max: 24 ml/kg/min |

|  |
| --- |
| **Present physical activity level (as reported by patient):** |
| Very low, essentially sedentary |

|  |
| --- |
| **Patient’s statement regarding stage of change:** |
| “I may be able to exercise, but I am not sure that I’ll be able to keep going – I don’t think I am fit enough” (Contemplation) |

Date: Present day (for assessment purposes)

Referring Medical Professional: Dr. Wilkins

Signature: R. Wilkins

**Exercise Referral Form** (case study reference: WF/MH/09)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Mr. Ingol | **Gender** | Male |
| **Age** | 40 | **Contact** | 01234 5678910 |
| **Next of kin** | Mrs. Ingol | **Contact** | 01234 5678910 |
|  |  |  |  |

|  |
| --- |
| **Reason for Referral (plus all other medical conditions):** |
| Anxiety |
| Diabetes Mellitus (Type 1) |
| Hypertension |

|  |
| --- |
| **Medication:** |
| Mild depression |
| Insulin Lispro; Insulin Detemir |
| Torasemide |

|  |
| --- |
| **Physiological information:** |
| BP (seated): 124/84 mmHg |
| RHR: 68bpm |
| Predicted VO2max: 30 ml/kg/min |

|  |
| --- |
| **Present physical activity level (as reported by patient):** |
| Very low, essentially sedentary |

|  |
| --- |
| **Patient’s statement regarding stage of change:** |
| “I feel I need to change something, I’ve heard exercise can help, but I think I’m going to need motivating” (Preparation) |

Date: Present day (for assessment purposes)

Referring Medical Professional: Dr. Wilkins

Signature: R. Wilkins

**Exercise Referral Form** (case study reference: WF/MH/10)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Ms James | **Gender** | Female |
| **Age** | 45 | **Contact** | 01234 5678910 |
| **Next of kin** | Mr. Jarrod | **Contact** | 01234 5678910 |
|  |  |  |  |

|  |
| --- |
| **Reason for Referral (plus all other medical conditions):** |
| Depression |
| Osteoporosis |

|  |
| --- |
| **Medication:** |
| Clomipramine Hydrochloride |
| Ibandronic Acid |

|  |
| --- |
| **Physiological information:** |
| BP (seated): 126/86 mmHg |
| RHR: 67bpm |
| Predicted VO2max: 28 ml/kg/min |

|  |
| --- |
| **Present physical activity level (as reported by patient):** |
| Very low, essentially sedentary |

|  |
| --- |
| **Patient’s statement regarding stage of change:** |
| “I don’t believe that exercise is good for me; I’ve had injuries playing hockey in the past and don’t want to go back there, I’ve got osteoporosis you know” (Pre-contemplation) |

Date: Present day (for assessment purposes)

Referring Medical Professional: Dr. Wilkins

Signature: R. Wilkins