Argyll Active
Exercise Referral Scheme

Client Details		
Client Name:		
Age:	Sex:	DOB:
Address:		
Postcode:		
Tel:		

Referral Details
Referrer Name:
Referrer Designation:
Usual GP:
Practice:
Practice Tel:

Referral Reason:

☐ CHD Risk Factors	☐ Mental Health	☐ Neurological
☐ Diabetes	☐ Cancer	☐ Obesity
☐ General Fitness	☐ Musculoskeletal	☐ Respiratory
☐ Hypertension	☐ Other	

Any Other Relevant Information:

Client's Informed Consent: I wish to increase my current activity levels by participating in this scheme. I give my consent for any relevant clinical information about my health to be passed onto the LiveArgyll fitness professional responsible. I have read and understood LiveArgyll's privacy notice on the back of this form.

Client Signature:	Date:

Referrer Consent: I refer this patient in accordance with the guidelines of the ArgyllActive, 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 associated Fitness Co-ordinator as soon as reasonably possible.

Referrer Signature:	Date:

Once completed please send to your local LiveArgyll leisure facility FAO the Fitness Coordinator at the applicable Participating Centre.

Riverside Swim and Health Centre
Moir Street
Dunoon
PA23 8AB
01369701170

Aqualibrium
Kinloch Park
Kinloch Rd
Campbeltown
PA28 6EG
01586 551212

Helensburgh Swim and Health Centre
West Clyde St
Helensburgh
G84 8SQ
01436 672224

Mid Argyll Sports Centre
The Joint Campus,
Trunk Road, Kilmory
Lochgilphead
PA31 8AA
01546 603228

Rothesay Leisure Centre
96 High St
Rothesay
Isle of Bute
PA20 9BN
01700 504300

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BRITISH ASSOCIATION FOR CARDIOVASCULAR PREVENTION AND REHABILITATION

NHS Highland

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