

# Pro Active Fitness GP Referral Form



**PRO ACTIVE FITNESS**  
EXERCISE TAILORED TO SUIT EVERY BODY

Section 1 - GP or Health Care Professional to print and complete this section		
Client Surname:	Practice Details:	
Client Forename:		
Date of birth:		
Reason for Referral:		
Specific Recommendations/Contraindications:		
Referrer:	Signature:	Date:

*Please give this form to the client to complete Section 2 and return to Pro Active Fitness*

Section 2 - to be completed by the client	
Home Address:	
Home/Mobile numbers:	
Emergency contact name:	Emergency contact number:
Relationship to client:	
Known medical conditions:	
List of medication:	
Client's signature and consent to exercise:	Date:
Please contact Pro Active Fitness to arrange your fitness assessment on: <a href="mailto:info@proactivefitness.je">info@proactivefitness.je</a> 07797 915 571 or 07700 723 332	

*Your personal information will be protected in accordance with Data Protection (Jersey) Law 2018 and our Privacy Policy available at [proactivefitness.je](http://proactivefitness.je)*