

## Self-referral form

Please read the following information carefully before you complete this form.  
You can also complete and submit this form online at [cardiac-rehab.org.uk](http://cardiac-rehab.org.uk)  
or scan this QR code.



### WHO CAN JOIN OUR CARDIAC REHAB EXERCISE CLASSES?

- ✓ People who have completed a hospital-based "Phase 3" Cardiac Rehab programme.  
*(If you have completed Phase 3 within the past 6 months, please ask your hospital team for a referral and do not complete this form)*
- ✓ People referred by their GP surgery (including referrals from nurses, physios etc).
- ✓ Anyone with a diagnosed heart condition or who is at risk of developing heart disease. Key risks include: smoking, obesity, high blood pressure, high cholesterol, diabetes, and a family history of heart disease.
- ✓ Partners, carers, relatives or friends who wish to provide support and take part.

**See overleaf for class locations and times.**

### PLEASE DO NOT COMPLETE THIS FORM IF YOU HAVE ANY OF THE FOLLOWING:

- ✗ Unstable angina
- ✗ Unstable or acute heart failure
- ✗ New or uncontrolled irregular heartbeat
- ✗ Resting heart rate above 100 beats per minute
- ✗ Resting systolic blood pressure above 180mmHg or diastolic blood pressure above 100mmHg
- ✗ Drop in blood pressure during exercise that makes you feel dizzy or faint
- ✗ High temperature/fever
- ✗ Unstable diabetes

***These conditions mean that you are not yet ready to exercise.***

**Please fill in all sections of this form, including the questionnaire, privacy statement and declaration of consent overleaf. PLEASE USE BLOCK CAPITALS**

### PERSONAL DETAILS

Surname	<input type="text"/>
First Name	<input type="text"/>
Date of Birth	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Post Code	<input type="text"/>
Home Tel	<input type="text"/>
Mobile Tel	<input type="text"/>
Email	<input type="text"/>

Do you declare a disability? Yes ☐ No ☐

Details:

Which class do you wish to attend? See timetable overleaf.

### EMERGENCY CONTACT DETAILS

Name	<input type="text"/>
Home Tel	<input type="text"/>
Mobile Tel	<input type="text"/>
Relationship	<input type="text"/>

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Please read the following questions carefully and answer each one by ticking Yes or No.

- Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? ☐ Yes ☐ No
- Do you feel pain in your chest when you do physical activity? ☐ Yes ☐ No
- In the past month, have you had chest pain when you were not doing physical activity? ☐ Yes ☐ No
- Do you lose your balance because of dizziness, or do you ever lose consciousness? ☐ Yes ☐ No
- Do you have a bone or joint problem that could be worsened by a change in your physical activity? ☐ Yes ☐ No
- Is your doctor currently prescribing drugs (for example, water tablets/diuretics) for your blood pressure or heart condition? ☐ Yes ☐ No
- Do you know of any other reason why you should not do physical activity? ☐ Yes ☐ No

### PRIVACY STATEMENT AND DECLARATION OF CONSENT TO EXERCISE

All information is held in the strictest confidence and can only be accessed by our Instructors and relevant members of our management team. Our privacy policy can be found at [cardiac-rehab.org.uk](http://cardiac-rehab.org.uk). We will use your data to keep a record of your membership and may occasionally contact you about events and opportunities organised by us.

☐ I have read and understood how you use my data and consent to proceed.

☐ I confirm that the health and personal information I have given on this form is, to the best of my knowledge, correct. I understand that taking part in physical activity can carry a risk, and I accept all responsibility for that risk.

Signature: ..... Date:.....

Please tell us how you heard about our classes: .....

### NEXT STEPS

- Please contact the instructor of the class you'd like to attend – see *timetable below*.
- Deliver your completed form to your chosen instructor in one of the following ways: (i) by hand: just take it along to your chosen class (ii) by email to [info@cardiac-rehab.org.uk](mailto:info@cardiac-rehab.org.uk) (iii) by post to: **The Secretary, North Gwent Cardiac Rehabilitation and Aftercare Charity, 56 Holywell Crescent, Abergavenny NP7 5LG.**
- Your Instructor will review your information and may contact you for more details. Once they are satisfied you are ready to exercise, they will invite you to attend their class.

Class location	Day & time	Instructor
Abergavenny – Llanfoist Village Hall, NP7 9LP	Mon 15:15 – 16:15	Phil Matthews 07746 868 841
	Sat 09:00 – 10:00 Sat 10:00 – 11:00	Tom Stone 07791 377 788
Abertillery – Wyndham Vowles Community Centre, NP13 1PJ	Tues 11:45 – 12:45	On hold – call 07856 692 148
Usk – Usk Memorial Hall, NP15 1AD	Tues 14:00 – 15:00	On hold – call 07856 692 148
Tredegarr – Fresh Active Gym, NP22 3EJ	Weds 12:00 – 13:00	On hold – call 07856 692 148
Ebbw Vale – All Saints Catholic Church, NP23 6JQ	Weds 10:30 – 11:30	On hold – call 07856 692 148
Blaenavon – The Band Hall, NP4 9NH	Weds 14:00 – 15:00	On hold – call 07856 692 148
Monmouth – Monmouth Leisure Centre, NP25 3DP	Weds 14:00 – 15:00	Nick Worms 07951 883 625
Nantyglo – Winchestown OAP Hall, NP23 4BJ	Weds 15:30 – 16:30	On hold – call 07856 692 148