

Instructor _____

Contact Tel _____

Date _____

Dear Sir / Madam,

Request for GP Review

_____ has requested to commence an exercise programme the Vital health health and wellbeing at Macdonalds hotel. As one or more medical conditions have been highlighted we have suggested a consultation with their medical practitioner prior to commencing an exercise programme assessment at our facility.

Please find attached a copy of the questionnaire and along with their responses/results, we have highlighted the areas of concern. Could you please discuss the matter with your patient and provide us with a written notice confirming if they are fit to commence an exercise programme.

I, Dr _____ have discussed the health concerns and confirm that;

They are fit to (tick the statements which apply):

- ☐ Fully participate in a exercise programme
- ☐ Participate in moderate to light exercise programme, keeping they heart rate below _____
- ☐ Participate in low impact exercise, such as cycling/swimming
- ☐ Other _____

GP general comments:

Dr. Signature: _____

Date: _____

Practice Name:

Practice Stamp:

Instructor _____

Contact Tel _____

Date _____

Dear Sir / Madam,

Request for GP Review – POC Reivew

_____ has today attended a Health Assessment at the Vital health and wellbeing at MacDonald Hotel

In accordance with National Clinical Guidelines against which we assess (see below for details), I am referring him/her to you for further evaluation on account of the measurements and factors outlined in bold below.

- ☐ Blood Pressure:/ mmHg
- ☐ Capillary Total Cholesterol: mmol/l
- ☐ Random Blood Glucose: mmol/l

If you should wish to discuss this further, please do contact us.

National Clinical Guidelines against which assessment made:
Blood Pressure: **The British Hypertension Society**
Blood Cholesterol: **JBS2 / NICE**
Blood Glucose: **Diabetes UK**