1. **Screening**

You should include the following:

**A copy of the exercise referral form from the referring healthcare professional (e.g. G.P., Practice Nurse).** If a referral form is not available (e.g. if you are not in a role which allows this) then you shouldprovide an explanation of why no form was available in the space below)

**A** **description** **and/or** **copy** **of** **any** **pre-exercise** **screening** **questionnaires** **or** **standard** **procedures** **employed.**

**A** **description** **of** **any** **fitness** **tests** **/** **functional** **assessments** **employed.**