

Bader Gym User charges

	Disabled rate	Non disabled rate
One-off Induction	£10	£10
Cost per session	£2	£3

Disabled rate users: To qualify for this rate a person should be in receipt of disability living allowance or qualify for a blue badge. Please bring proof of this to your induction.

Non disabled rate users: All members who do not qualify for the disabled rate will pay this rate, includes referrals and self referrals.

To book an induction: Call 020 8487 6040. Leave a message on the answer phone and a member of staff will return your call.

On the first visit to the Bader Gymnasium your photo will be taken and you will be issued with a membership card.

Changing areas and showers are available at the gym, but please bring your own padlock to ensure the safety of your personal belongings.



St George's University Hospitals NHS Foundation Trust

BADER GYMNASIUM

QUEEN MARYS HOSPITAL
ROEHAMPTON LANE
LONDON
SW15 5PN
TELEPHONE: 0208 487 6040

REFERRAL FORM

- This form is to be used for the referral of patients/clients who would benefit from using the exercise facilities at the Bader Gymnasium.
- Inductions will be completed by a Fitness Instructor and include a one-to-one or group induction. Inductions take place on a daily basis and may require more than one session with an instructor. An exercise program will be provided to all new clients to meet individual client needs.
- Relevant user charges will apply to all new referrals. See overleaf for details.
- Electronic referrals can be sent via email to BaderGymReferrals@stgeorges.nhs.uk

CLIENT DETAILS

Client name: _____

Male Female D.O.B: ____ / ____ / ____

Address, phone and GP information not required for Queen Mary's
Hospital inpatient referrals

Address: _____

Postcode: _____ Phone: _____

GP name: _____

Address: _____

Postcode: _____ GP Tel: _____

Referred by: GP Physio OT Other: _____

Name: _____

Contact (phone or email): _____

Organisation/Dept/Ward: _____

Signature: _____

Date: ____ / ____ / ____

Does this person receive PIP or DLA payments? Yes / No

Staff use only: Referral received: ____ / ____ / ____

Letter sent: ____ / ____ / ____ Induction: ____ / ____ / ____

REFERRAL DETAILS

Diagnosis:

Relevant medical history:

Reason for referral:

Contraindications/restrictions: