

Patient referred through the "NHS health checks"  Yes (please use the NHS Health checks form)

**Health Professional/Social Workers Details**

Referrer's Address:	Referrer's Name:
Tel:	Profession:
	Tel:

**Patient Details**

Name: _____	Date of Birth: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Address: _____	Tel (mobile): _____
City: _____ Post Code: _____	Tel (home): _____

**Carer Details**

Does the patient need the support of a carer during exercise?  No  Yes (complete details below)

Carer's Name: \_\_\_\_\_ Tel: \_\_\_\_\_

**Patient Medical Information**

Blood Pressure: _____ mmHg	Waist Circumference: _____ cm	Body Mass Index: _____ Kg/m <sup>2</sup>
----------------------------	-------------------------------	--

**Reason for Referral: (please list by importance)** (see inclusion criteria overleaf)

\_\_\_\_\_

**Other Medical Conditions:**

\_\_\_\_\_

Has the patient ever had a heart related condition?  No  Yes: if yes, this patient is not suitable for the Get Active programme. Please refer to the Healthy Heart programme.

Is the patient registered as disabled?  No  Yes

**Medication: (please list ALL)**

\_\_\_\_\_

I refer this patient to the Get Active Programme in accordance with the inclusion and exclusion criteria and under the terms and conditions set out in the Protocol.

**Signature of Health/Social care professional:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be completed by the patient at first appointment:** Ethnic Group (Please tick as appropriate )

<b>White:</b>	<b>Mixed:</b>	<b>Asian:</b>	<b>Black:</b>	<b>Other:</b>
<input type="checkbox"/> White British	<input type="checkbox"/> Mixed White & Black African	<input type="checkbox"/> Indian	<input type="checkbox"/> Black African	<input type="checkbox"/> Chinese
<input type="checkbox"/> White Irish	<input type="checkbox"/> Mixed White & Black Caribbean	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Other
<input type="checkbox"/> Other White	<input type="checkbox"/> Mixed White & Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other Black	<input type="checkbox"/> NOT disclosed
	<input type="checkbox"/> Other Mixed	<input type="checkbox"/> Other Asian		

**Patient Informed Consent**

I agree for the above information to be disclosed to the exercise referral team. I understand that I am responsible for monitoring my own responses during exercise and will inform the instructor of any new or unusual symptoms, changes in my medication and results of any investigations or treatments.

**Patient's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THE PATIENT MUST BRING THIS FORM WITH THEM ON THEIR FIRST APPOINTMENT WITH THE INSTRUCTOR THERE IS A SUBSIDISED COST OF £3.60 PER SESSION**

**To book the first appointment the patient or referrer must call the Co-ordinator on 0208 339 8022**

## Referral Inclusion and Exclusion Criteria

<b>Patient <u>can</u> be referred</b>	<b>Patient <u>cannot</u> be referred</b>
<p><b>All referrals must be aged 16+ and fulfil at least one of the following criteria</b></p> <ol style="list-style-type: none"> <li>1. <b>Sedentary life style</b> ((i.e. those who exercise less than 30 minutes twice a week)</li> <li>2. <b>Exhibit at least one of the following risk factors for CHD</b> <ul style="list-style-type: none"> <li>◆ Obesity/Overweight (BMI &gt;25)</li> <li>◆ Smoking</li> <li>◆ Family history of heart disease</li> <li>◆ Hypertension stable(below <b>179/100</b> mm Hg)</li> <li>◆ High cholesterol levels (&gt; 5 mmol/L)</li> <li>◆ Signs or symptoms of stress</li> <li>◆ Controlled stable Diabetes</li> <li>◆ Waist circumference above 37” men and 32” women</li> </ul> </li> <li>3. <b>Exhibit at least one of the following risk factors for osteoporosis</b> <ul style="list-style-type: none"> <li>◆ Smoking</li> <li>◆ Heavy alcohol consumption</li> <li>◆ Family history</li> <li>◆ Hysterectomy</li> <li>◆ Taking prescribed corticosteroids</li> <li>◆ Early menopause</li> <li>◆ History of dieting</li> <li>◆ History of diet lacking in calcium or Vitamin D</li> <li>◆ History of amenorrhea</li> </ul> </li> <li>4. <b>Well controlled asthma (by inhalers only)</b></li> <li>5. <b>Controlled mild to moderate chronic obstructive pulmonary disease (COPD)</b></li> <li>6. <b>Suffer from mild to moderate rheumatoid arthritis or osteoarthritis</b></li> <li>7. <b>Back pain &amp; other degenerative diseases of the spine appropriate for leisure centre activity.</b></li> <li>8. <b>Suffer from mild to moderate stress/ anxiety or depression</b></li> <li>9. <b>Well controlled severe mental health conditions like bipolar disorder and Schizophrenia</b></li> </ol>	<ol style="list-style-type: none"> <li>1. Patients who are considered moderately active (i.e. those who are active for a total of 30 minutes more than twice a week)</li> <li>2. Under 16 years of age</li> <li>3. Patients who have been diagnosed with heart disease, including all angina patients.</li> <li>4. High hypertension (above <b>180/110</b> mm Hg) or uncontrolled hypertension</li> <li>5. Uncontrolled insulin dependent diabetes</li> <li>6. Severe or poorly controlled asthma</li> <li>7. Uncontrolled chronic obstructive pulmonary disease</li> <li>8. Uncontrolled cerebrovascular disease</li> <li>9. Severe peripheral vascular disease</li> <li>10. Unstable mental health state</li> <li>11. Patients who are in the health professional’s opinion medically unfit to join the ‘Get Active’ programme</li> </ol> <p><b>Can only be referred with a specialist consent</b></p> <ol style="list-style-type: none"> <li>1. Chronic muscle, joint or bone conditions that greatly impede mobility or require physiotherapist treatment</li> </ol>