

Bristol's Exercise Referral Schemes Referral Form

In partnership with BCC, SLM, ACE, Parkwood, The Park, Greenway

(Exercise Referral, Life Balance (MS/ Parkinson's), Parkinson's/ Stroke)

To be completed by Referrer using CAPITALS. For **Exercise Referral & Parkinson's Stroke**: send to Exercise facility. For **Life Balance**: participant calls Named contact on form.




Participant Information			
First Name		Last name	
Date of Birth: > 16 yrs		Gender	NHS No.
Address			
Post Code		Phone Number	
Best day/ time for contact		Ethnicity:	
Any specific considerations (communication/ cultural/ mobility)			

Referrer's Details			
Name		Profession	
Address			Practice Stamp
Postcode	Contact Number		
Email			


Physical Activity Level (please TICK)						
GPPAQ (if used)	<input type="checkbox"/> Inactive	<input type="checkbox"/> Mod Inactive	<input type="checkbox"/> Mod Active	<input type="checkbox"/> Active		
Active minutes per week – slightly breathless, hot, sweaty (need to be achieving over the amount, to be ticked, ie 2*30 and 1*15 would be 2*30 not 3*30)	<30	1*30 (30)	2*30 (60)	3*30 (90)	4*30 (120)	

Inactive < 90 mins per week with Medical condition:	
PLEASE TICK Reason for Referral (Attach a separate sheet/ health summary if needed)	
Low Risk conditions	<input type="checkbox"/> Waist Circumference: men>100cms, women>80cms <input type="checkbox"/> Weight management: BMI >30 with no other cardiac risk factors; <input type="checkbox"/> Underweight (BMI <18.5) <input type="checkbox"/> Mild depression/ anxiety/ stress <input type="checkbox"/> Mild Asthma <input type="checkbox"/> Mild skeletal & muscular injuries
Medium Risk conditions	<input type="checkbox"/> Osteoporosis and falls prevention <input type="checkbox"/> Joint problems including arthritis and back care <input type="checkbox"/> Neurological problems including, Parkinson's and Multiple Sclerosis <input type="checkbox"/> Depression/ anxiety (integrated) <input type="checkbox"/> Mental health/ dementia <input type="checkbox"/> Controlled diabetes <input type="checkbox"/> Mild and moderate hypertension stage two or below hypertensive <input type="checkbox"/> Mild respiratory problems.
Other Conditions	<input type="checkbox"/> Stroke <input type="checkbox"/> Other: Please Specify _____
Nature & severity of Primary condition	
Nature & severity of any underlying condition	
Brief present medical history	Current Drug treatment

Brief past medical history		Drug history	
Functional Impairment that may affect response to/ ability to undertake activities of daily living, or to participate in exercise			
Blood Pressure		BMI	NHS Health check Referral Yes No

Which programme are you referring to: (Please circle)				
Exercise Referral @:	<input type="checkbox"/> Brunel SC	<input type="checkbox"/> Hengrove Park LC	<input type="checkbox"/> The Park SC	 Send to Site
	<input type="checkbox"/> Easton LC	<input type="checkbox"/> Horfield LC	<input type="checkbox"/> Merchants' Academy	
	<input type="checkbox"/> Henbury LC	<input type="checkbox"/> Kingsdown SC	<input type="checkbox"/> The Greenway Centre	
Parkinson's/ Stroke @:	<input type="checkbox"/> Hengrove Park LC		 Send to Site	
Multiple Sclerosis/ Parkinson's @:	<input type="checkbox"/> Hengrove Park LC (Call Henry: 01179 370 205)	<input type="checkbox"/> Henbury LC (Call Alistair: 07825 033 741)	 Patient Contacts site directly	

Exercise Prescription	
Specific Exercise/ approaches to be included	
Specific Exercise/ approaches not to be included	
Previous Exercise experience	
Activities interested in	
Patient goals	

Readiness to Participate in a Physical Activity Programme: Twice per week for 12 weeks (Exercise Referral Scheme, Other schemes: Once per week.				
<input type="checkbox"/> Precontemplation	<input type="checkbox"/> Contemplation	<input type="checkbox"/> <u>Preparation</u>	<input type="checkbox"/> Action	<input type="checkbox"/> Maintenance
	Precontemplation/ Contemplation	If no change after motivational interviewing, do not refer . In 1 month reassess if have moved to 'Preparation'.		

Scheme Details (venue, time, cost) discussed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Readiness to undertake scheme discussed	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Referral Consent	
<p>I can confirm that the details given are a true reflection of the patient's medical history and medication. I have checked the referral criteria and deem my patient appropriate to take part in the Exercise Referral scheme. They have no contraindications to exercise, are clinically stable & compliant with medication.</p> <p>Is the patient awaiting/ not awaiting further medical or surgical treatment (delete as appropriate)</p>	
Signature:	Date:
Patient Consent	
<p>The reason for this referral and the Exercise Referral Scheme has been explained to me. I want to participate and I give permission for this information to be passed on to the Exercise Referral Instructor/ scheme coordinator.</p>	
Signature:	Date:

All the data you supply on this form will be held and used in accordance with the Data Protection Act 1998. The data will be shared with the Referral Scheme staff who will treat it confidentially and utilise it to inform your programme. Your data will be used anonymously for evaluation of the scheme.