

Active Health Referral Form



Please complete Page 1 in full the Active Health Referral Form if the person being referred could benefit from participating in physical activity.

Please complete both Page 1 and Page 2 of the Active Health Referral Form if the person being referred would benefit from an increase in physical activity levels but requires a supervised *specialist health exercise programme (*please refer to 'Guidance Notes' for completing form).

Active Health Referral Form

Details of person being referred	Date:	
Name:	Date of Birth:	
Address:	Postcode:	
Telephone: Home	Mobile:	
Email:		
Does the person being referred have a disability that needs to be considered to encourage them to access leisure activities? If yes, please give details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the person being referred require support from a carer to participate in leisure activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the person being referred a Carer? If yes please also direct to www.carerstogether.org or telephone 01698 404055 for further information on support opportunities available.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ethnicity:	Employed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
GP and Practice Name:		
Health Centre / Location:		

Reason for General Referral

<input type="checkbox"/> Increase physical activity	<input type="checkbox"/> Improve mental well being	<input type="checkbox"/> Reduce body weight	<input type="checkbox"/> Support for addiction challenges
<input type="checkbox"/> Support for return to work	<input type="checkbox"/> Improve mobility	<input type="checkbox"/> Ante/post natal	<input type="checkbox"/> Weigh to Go
<input type="checkbox"/> Move More Programme (MacMillan Cancer Support)	<input type="checkbox"/> Support for Smoking Cessation		

Person being referred consent:	Emergency Contact Details:
I am prepared to participate and I give permission for this information to be passed to staff from North Lanarkshire Leisure Ltd for the purpose of deciding appropriate exercise participation levels and for my anonymised data to be shared for evaluation/reporting purposes with Health, Housing, Social Work, Education, Police and Voluntary sector. The information will be stored in line with NHS Lanarkshire and North Lanarkshire Leisure's client confidentiality policies.	Name:
Participant Signature:	Relationship:
	Contact Tel:
	Date:

Referrer Information(please complete all details):

Name :	Position :	Service:	Tel:
Address:			
Referral Source (If appropriate): <input type="checkbox"/> Keep Well <input type="checkbox"/> Well Connected			

Return Completed Referral Forms To:

Health & Wellbeing Manager (Melanie Menzies)
 North Lanarkshire Leisure Ltd, Broadwood NL HQ, 1 Ardgoil Dr,
 Cumbernauld, G68 9NE
 Tel: 01236 341968 Email: Activehealthreferral@nlleisure.com

SPECIALIST Active Health Referral Form

Chi Number									
Please indicate the Specialist Health Class appropriate for the participant									
Strength & Balance					Back Care				
Cardio I					Move More - Circuits		Move More – Gentle Exercise		
Cardio II					Move More Walking		Move More - Gardening		
Reason for Specialist Health Referral:					Do you wish to attend Move More with a relative affected by cancer?			Yes	No
CARDIAC – Condition/Date									
Post MI:		Post CABG:		PCI:		AVR:		MVR:	
Heart Failure:		Angina:							
STROKE									
HYPERTENSION									
BMI>35									
PULMONARY									
COPD			Respiratory Problem		Asthma			Other	
NEUROLOGICAL									
Functional Post Stroke:				MS:		Parkinson's Disease:			
Other:									
DIABETES									
Type I			Type II						
VASCULAR									
Intermittent Claudication:					PVD:				
FALLS/FEAR OF FALLING/INSTABILITY/CONFIDENCE									
Falls/Fractures:				Frail/Elderly:			Instability/Confidence:		
MUSCULOSKELETAL(MSK)									
Osteoporosis			Back Pain		Joint replacement			Rheumatoid Arthritis	
Osteoarthritis					Injury Rehabilitation			Arthritis	
RENAL									
Dialysis:			Transplant:		Other:				
CANCER (Will go direct to the MOVE MORE Programme)									
Type:					Stage of Treatment:				
Current Medications:					Exercise History in previous 6 months				
					Exercise Considerations:				
LYMPHODEMA					Upper Body		Lower Body		

NOTES: (This page can be used by the referring practitioner or passed onto the patients as an information sheet)

The front Page should be completed for everyone being referred to the service and the back page **only** if your client requires a specialised class.

- Those being referred to the general programme will receive 8 weeks free membership of NL Leisure's Facilities and this includes swimming, gym (Induction and programme card), fitness classes and health suites. We are also offering participants the opportunity of an additional 3 months at £10 per month. To be eligible for this offer individuals will sign their DD at the beginning of the free 8 week period but will also be offered the option to opt out.
- Those being referred to one of the Specialist Health Classes will receive 20 sessions free of charge at one of the specific Specialist Health Classes. At the end of their 8 week period we will contact them to see if they would like to take the option of 3 months at £10.
- Clients can access one or the other but **not both** strands of the scheme – ie gym, classes, swimming **or** Specialist Health Classes.
- Please be aware that people can only access the service once due to funding restraints (*) and we **cannot provide the service if they have existing debt with NL Leisure.**
- NL Leisure has the right to refuse/suspend a referral if the individual being referred holds an existing account with a query attached to it.
- Existing Access NL Members are not eligible for the free 8 weeks (i.e. individuals cannot cancel their membership to access 8 weeks free use)
- Referrals **cannot be processed** at the Sports Venues and should be returned to the address noted at the foot of page one of the form. This is for audit purposes.
- **Move More** is Macmillan's supported programme for activity for those living with and beyond cancer. There are 4 levels of activities which people can attend - these sessions are free for a 12 week period (each activity). Individuals can opt to do as many of the 4 activities as they like and following completion they will be able to be directly referred onto the Active Health programme for some additional subsidised support. They can also bring along a family member or friend free of charge if they feel this would help with their participation.
- **It really helps us if you give as much information as possible on the second page about the clients condition as this helps us make sure we have them in the right class for their condition and that the instructor knows who is coming prior to the participant arriving at the class**
- Please post or email the completed referral form back to the address noted at the foot of page 1 of the referral form, once we receive the form, we will write out or phone the clients to invite them along for their gym induction/specialist health class.
- Please do not direct clients to the sports venues with their forms, return to the central address noted.
- Please include your tel number and an email address on the referrer information. This will enable us to contact you direct with any updates to the programmes and new referral forms information.

(*) if clients have used their pass less than 5 times during the 8 week period it can be extended for them.