

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 (Use also for Get Active Teens)

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 /Refer to

<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"/> Support for Smoking Cessation	<input type="checkbox"/> Move More Programme (MacMillan Cancer Support	<input type="checkbox"/> Walking/Outdoor Activities	

Person being referred consent:	Emergency Contact Details:
<p>I am prepared to participate and I give permission for this information to be passed to staff from NLL Ltd for the purpose of deciding appropriate exercise participation levels and for my anonymised data to be shared for evaluation/reporting purposes with NHS Lanarkshire. NL Leisure takes care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at www.nlleisure.co.uk or ask a member of staff for a copy of our Data Protection Notice."</p>	Name: Relationship: Contact Tel:
Participant Signature:	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					Macmillan Move More - Circuits		Macmillan Move More - Gentle Exercise			
Cardio II					Macmillan Move More Walking		Macmillan Move More - Gardening			
Reason for Specialist Health Referral:					Do you wish to attend Macmillan 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 Macmillan 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 access to 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), and fitness classes. We are also offering participants the opportunity of an additional 3 months at £10 per month. Those being referred to one of the Specialist Health Classes or the Get Active Teens Programme will receive 20 sessions free of charge at one of the specific Specialist Health Classes and also have the option of the £10 rate for 3 months.
- To qualify for the £10 rate – participants will be asked to sign on to the DD at the beginning of the first 8 week free period. The DD attached to this form can be completed and returned to us with the referral form to speed up the registration process for your clients. There is no obligation for them to take the additional 3 months – they will still get 8 weeks free use or 20 free classes.
- 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 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 (ie 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.
- The new Get Active teen programme means that health professionals can target those young people not currently active and give them access to a range of activities appropriate to their age. And for the first time, mental health will be included as part of the criteria for referral.

- On referral, Get Active Teens will get eight free weeks of NLL membership, and three additional months at the reduced rate of £10 per month (normally £17). There are some restrictions to the programme as detailed below:

Age 12-16	Swim & Gym (Gym induction & individual programme included) .
Age 12-14	Access prior to 6pm on weekdays (after 6 if accompanied by an adult) and all weekend.
Age 14-16	As above and use of the fixed weight resistance machines as well as unlimited access to non-weight bearing group classes if accompanied by an adult.

- **Move More** is Macmillan's supported programme for activity for those living with and beyond cancer. There are 4 levels of activities that people can access- 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.
- **Get Walking Lanarkshire** offers free easy led walks lasting from 20 minutes to no longer than an hour (the walking timetable is enclosed with Active Health letters). Outdoor activity examples include local gardening groups, conservation and nature opportunities.
- **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.

