North Lanarkshire Council **Active Health Referral**

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 requires a supervised \*specialist health exercise programme because of a long term health condition **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  No |
| Does the person being referred require support from a carer to participate in leisure activties? | | | Yes  No |
| Is the person being referred a Carer? **If yes please also direct to** [**www.carerstogether.org**](http://www.carerstogether.org) | | | Yes  No |
| Ethnicity: Employed: | | | Yes  No |
| GP and Practice Name: | | | |
| Health Centre / Location: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason for General Referral** | | | |
| Increase physical activty | Improve mental well being | Reduce body weight | Support for Addiction challenges |
| Support for return to work | Improve mobilibty | Ante/post natal | Green Health Opportunities |
| Macmillan Cancer Support  Increase creative activity  Mild Fraility  Support for smoking cessation  LWMS (Adult & Child)  Pre Diabetic  Nutrition Health & Wellbeing (time limited) | | | |

|  |  |
| --- | --- |
| **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 NLC for the purpose of deciding appropriate exercise participation levels and for my anonymised data to be shared for evaluation/reporting purposes with NHS Lanarkshire. NLC takes care to ensure your personal information is only accessible to authorized 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 or ask a member of staff for a copy of our Data Protection Notice.” | Name:  Relationship:  Contact Tel: |
| Participant Signature: | Date: |
| **Referrer Information(please complete all details):** | |
| Name : Position : Service: Tel:  Locality: | |
| ***EMAIL :*** | |  | Weigh to Go Workplace |
| **Return Completed Referral Forms To:** | |
| **Health & Wellbeing Manager (Melanie Menzies)**  **Tel: 01236 341969 Email: Activehealthreferrals@northlan.gov.uk** | |

**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(Cancer)** | |  | | **Easy Movers** | |  | |
| **Cardio II** | | |  | **Parkinson’s UK** | |  | | **Escape Pain (Arthritis)** | |  |  |
| **Reason for Specialist Health Referral:** | | | | | | | | | | | |
| **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 specialist health class as part of our long term conditions support programme.

* Those being referred to the general programme will receive 8 weeks free membership of North Lanarkshire Councils(NLC) Sports 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 will receive 20 sessions free of charge at one of the specific Specialist Health Classes and 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 their 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.
* 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 NLC and must be an NL resident.**
* North Lanarkshire Council 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.
* **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. Following completion they will be able to be directly referred onto the Active Health programme for some additional subsided 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 ability and that the instructor knows who is coming prior to the participant arriving at the class**
* Please 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 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