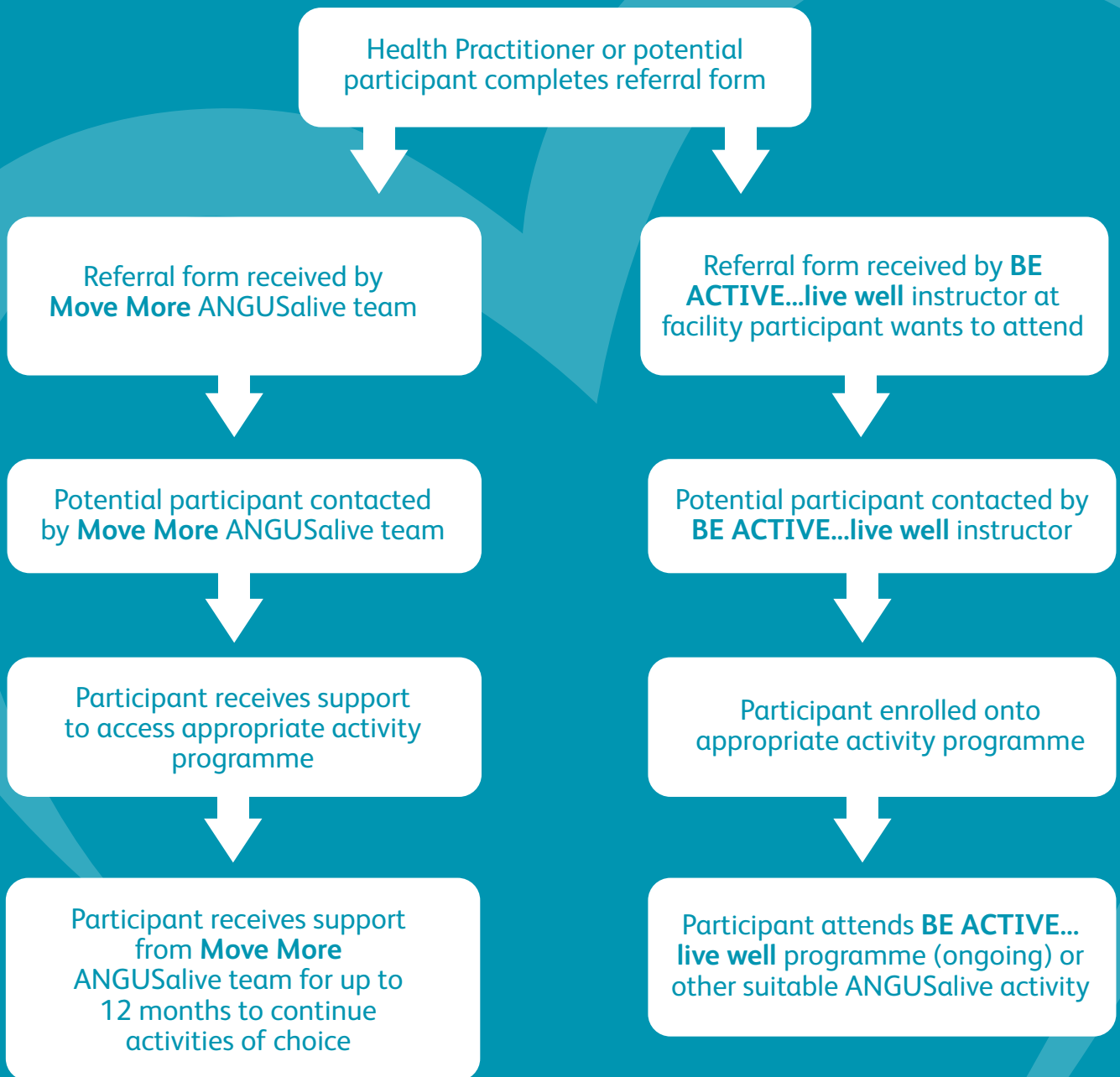


Referral Form

BE ACTIVE...*live well*



Referral Pathway



This is a referral form for an Exercise Programme aimed at those with a health condition; at the older adult; and/or those who haven't exercised before and don't know where to start. This form can be completed by a Health Practitioner, when the person is seen within a healthcare setting, or by the participant themselves.

PLEASE USE BLOCK CAPITALS

SECTION 1: To be completed by **Health Practitioner/Participant**

Name	<input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Date of birth	<input type="text"/>				
Address	<input type="text"/>	Postcode:	<input type="text"/>		
Telephone no.	<input type="text"/>				
Emergency contact	<input type="text"/>	Emergency contact no.	<input type="text"/>		
GP contact details	<input type="text"/>				

SECTION 2: To be completed by **Health Practitioner/Participant**

Do you/the patient...	YES	NO
Have a heart condition? (e.g. heart attack)	<input type="checkbox"/>	<input type="checkbox"/>
Feel pain in the chest at rest or when doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Get very short of breath at rest or doing light activity?	<input type="checkbox"/>	<input type="checkbox"/>
Often lose balance because of dizziness or ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
Know of any other reason not to exercise?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: To be completed by **Health Practitioner/Participant**

Do you/the patient have...	YES	NO		YES	NO
Lung condition (e.g. COPD)	<input type="checkbox"/>	<input type="checkbox"/>	Muscle/bone/joint conditions	<input type="checkbox"/>	<input type="checkbox"/>
Previous stroke	<input type="checkbox"/>	<input type="checkbox"/>	Neurological (e.g. MS, Parkinsons)	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Mental health condition	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	A current or previous cancer diagnosis (see Section 5)	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>			

Other relevant information

SECTION 4: To be completed by **Health Practitioner/Participant**

Please list medication taken or attach a repeat prescription:

SECTION 5: Cancer diagnosis/treatment - to be completed by **Health Practitioner/Participant**

	Ongoing	Completed
Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
Radiotherapy	<input type="checkbox"/>	<input type="checkbox"/>
Biological	<input type="checkbox"/>	<input type="checkbox"/>
Hormonal therapy	<input type="checkbox"/>	<input type="checkbox"/>
Surgery	<input type="checkbox"/>	<input type="checkbox"/>

Diagnosis/other relevant information

If you are living with or beyond cancer in Angus, Macmillan Cancer Support's Move More programme is here to help you get & stay active

SECTION 6: To be completed by **Cardiac Rehabilitation Team** (if being referred directly by Tayside Cardiac Rehabilitation)

Most recent cardiac event (including date)

ECHO:LVF Preserved Mild Moderate Severe dysfunction Unknown

Latest resting BP Latest resting HR (Regular / Irregular)

Previous cardiac history (including date/s)

Angina since intital event: YES NO Attended exercise & education: YES If YES, how many NO

SECTION 7: To be completed by **Health Practitioner referring**

Name

Occupation

Base

Telephone Email

Date referred

SECTION 8: To be completed by **Exercise Instructor**

If answered **YES** to any questions in SECTION 2, you must inform GP via standard letter and wait 2 weeks before participant attends class UNLESS referred by Health Practitioner (DATE LETTER SENT)

For further advice and guidance, please refer to the BE ACTIVE...live well 'Protocol for Referral, Sign-posting and Assessment'. Please contact the GP/Health Practitioner and/or Clinical Adviser if you have any concerns.

BP Pulse

Name of Exercise Instructor

Signature: Date:

SECTION 9: To be completed by **Participant**

- I confirm that the above information is correct.
- I will report any changes in my health to the Exercise Instructor before the class.

Signature: Date:

ANGUSalive and Your Privacy

ANGUSalive is the 'Data Controller' of the personal data you provide to us. We collect personal data about you including name, date of birth and contact information. We also collate information on your health conditions and medication.

This information is used to help plan your activity programme and to contact you about appointments and classes.

We may share your data where necessary with Macmillan Cancer Support and NHS Tayside. We may also share your data, with your permission, to another local Move More programme.

Your information will also be used for statistical purposes and reporting to funders with all statistical data remaining anonymous.

Your personal information is held on servers within the European Economic Area (EEA) and processed by our staff and our trusted information system service providers in the UK. No third parties have access to your personal data unless permitted by law.

ANGUSalive maintains data protection controls in line with the General Data Protection Regulation, other data protection legislation and its own Information Security Policy to ensure the effective and secure processing of your personal information.

You can find more information about how we handle and retain your personal information as well as your rights in our privacy statement which is available at our facilities and on our website at www.angusalive.scot/privacy-statement/

For referrals to Move More (anyone with cancer diagnosis) please send completed forms to movemore@angusalive.scot or call 01307 492059

For any other referral please send to your local facility:

Arbroath/Saltire/Carnoustie Sports Centres: Alison.Herron@angusalive.scot

Brechin Community Campus: Ruari.Dalgetty@angusalive.scot

Forfar Community Campus: Laura.Deacon@angusalive.scot

Montrose Sports Centre: Pamela.Strachan@angusalive.scot

Webster's Sports Centre: Lesley.McVicar@angusalive.scot

