Please complete in BLOCK CAPITALS. All items must be completed.

|  |  |
| --- | --- |
| **1. Patient details** | **Referrer’s details** |
| Name:  Date of birth:  NHS number:  Address:  Postcode:  Telephone:  Email:  Ethnicity:  Occupation: | Name:  Profession:  Surgery / Dept:  Address:  Postcode:  Telephone:  Email address:  GP name (if not the referrer above):  Surgery / Dept: |

Medical details (\*items are compulsory and must be completed).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2. Baseline measurements (within the last 6 months)** | | | | | | |
| \*BP:  **Required BP < 180/100** | \*RHR:  **Required RHR < 100** | \*Height (cm): | \*Weight (kg): | \*BMI: | HbA1c:       %  **Required HbA1c < 10%** |

|  |
| --- |
| **3. Primary reason for referral** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **4. Medical history (please tick/circle all that apply and attach additional details if applicable)** | | | | | |
| Asthma / COPD |  | Family CHD (premature) + 2 risk factors |  | Osteo / Rheumatoid arthritis |  |
| Anxiety (mild to moderate) |  | Fibromyalgia / Chronic fatigue syndrome |  | Overweight / Obesity: BMI>27.5/30 (with another condition) |  |
| Back pain (post physio) |  | Hyperlipidaemia |  | Peripheral vascular disease |  |
| Cancer (referral from hospital) |  | Hypertension |  | Stroke / TIA – date: |  |
| Depression (mild to moderate) |  | Neurological conditions (state below) |  | Type 1 / Type 2 Diabetes |  |
| Established CHD (post Phase IV rehab) |  | Osteopenia / Osteoporosis |  | >20%CVD risk (next 10 yrs)      % |  |

|  |
| --- |
| **5. Current medication (please attach prescription list/additional sheet)** |
|  |

|  |
| --- |
| **6. Cardiac history (Please refer to inclusion criteria to establish whether your patient is eligible for inclusion)** |
| Detail cardiac conditions:  Has the patient completed a Phase IV Cardiac Rehabilitation programme? Yes  (Date:       ) No |
| Please give more information regarding present condition and attach any test results, investigations, and any relevant paperwork |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **7. Preferred site** | | | | |  |
| **Phoenix Fitness Centre and Janet Adegoke Swimming Pool**  Bloemfontein Road, Shepherds Bush, London, W12 7DB |  | **Lillie Road Fitness Centre**  Lillie Road, Fulham, London, SW6 7PD |  | **Hammersmith Fitness and Squash Centre**  Chalk Hill Road, Hammersmith, London, W6 8DW |  |

|  |
| --- |
| **8. Referrer / patient consent** |
| Tick here to confirm agreement of the following: I have discussed the Healthwise scheme with this patient and I believe them to be ready and suitable to participate in the physical activity programme. The information on this form is an accurate representation of this patient’s health status. The patient is clinically stable and compliant with medications. If I become aware that this status changes, I will endeavour to inform the Healthwise coordinator.  Referrer signature: Print name:       Date:  Tick here to confirm agreement of the following: I agree for the information on this form to be passed on to the Healthwise department and for Healthwise to either request further medical/clinical information from other health professionals if require, or to pass the referral onto an appropriate service (e.g. Phase 3 cardiac, Pulmonary Rehabilitation). I agree for my data to be shared for the purpose of evaluation and to be later contacted for follow up.  Patient signature: Print name:       Date: |
| **Further Information** |
| **Participants must be:**   * Aged 18 years or over * H&F resident, or, if non-resident, registered with an H&F GP * Initial assessment suggests ‘ready to change’ and in need of a structured programme * Physically inactive (less than 30 minutes per week) * Fit the inclusion criteria for the programme   All sections of the referral form must be filled out by the health professional and the form emailed to **healthwise.lbhf@nhs.net**  For further enquiries regarding the service please contact Healthwise on 07776721354 (Monday to Friday) or email [**healthwise.lbhf@nhs.net**](mailto:healthwise.lbhf@nhs.net) |
| **Healthwise Physical Activity Referral Scheme (PARS) Inclusion Criteria** |
| To support individuals who are inactive and have a medical condition to become physically active.  12 week intervention, with individuals attending three assessments over this period.  The individual will receive a structured activity programme and be signposted to activities to benefit their health & wellbeing.  Price: The rate of the subsidised membership:  £20 DD per month or £4 pay and play per activity for 24 months  *Please note all membership prices are subject to GLL annual price increase and completing the intervention programme*  **The patient must not have any of the following contraindications:**   * Need rehabilitation exercise programme tailored to support recovery from specific conditions including Stroke, Neuromuscular Disease or acute Muscular-skeletal injury. * Unstable/uncontrolled moderate/severe mental health condition. * Those with contraindications for exercise according to current British Association for Cardiovascular Prevention and Rehabilitation (BACPR) guidelines |
| **Please note:**   * Any referrals with an unstable and/or limiting physical or mental condition will be referred back to their GP to access specialist support, as appropriate. * **Blood pressure must be under 180/100 / \*Resting heart rate must be under <100 bpm**   Participants with blood pressure and heart rate scores above this level should be treated to stabilise their condition before being referred to lifestyle service which includes physical activity.   * If Patient has been diagnosed with Diabetes, they should complete the local diabetes education sessions prior to being referred to Healthwise. Patients on Insulin or oral diabetes medications capable of inducing hypoglycaemia should be aware that changes in lifestyle may cause hypoglycaemia and should seek advice from their Diabetes Team.   \***If diabetic HbA1C must be under 10% or 86 (mmol/mol).** Participants with HBa1C scores above this level should be treated to stabilise their diabetic control before being referred to lifestyle service.   * **For COPD – MRC breathlessness score must be no greater than 2**. Scores of 3 or above require a specialist programme. * For participants diagnosed with osteoporosis, **BMD must be 2.5 SD below the young adult mean or >4 on fracture index with no history of previous low trauma fracture or history of falls**. Patients with BMD>2.5 SD below the young adult mean require a specialist programme. |