

Physical Activity Referral Form



SECTION 1: Patient Information

Full Name:	Date of Birth:
Address:	
Postcode:	
Telephone Number:	

SECTION 2: Physical Activity Programme (please tick)

<input type="checkbox"/>	DocSpot (16+ yrs, inactive/sedentary with mild/moderate health condition/other risk factors for disease)
<input type="checkbox"/>	Eat Well Move More (4-16 years, classified as overweight or obese, >91 st BMI centile)
<input type="checkbox"/>	Cancer Rehab (16+ years, previous cancer diagnosis, including pre / undergoing / post treatment)
<input type="checkbox"/>	Other (please state)

SECTION 3: Referral Information & Patient History

Reason(s) for referral: (please tick)	
<input type="checkbox"/>	Weight reduction &/or maintenance
<input type="checkbox"/>	Cardiovascular – CHD / stroke / hypertension (<180/100mmHg) / hypercholesterolemia (please circle)
<input type="checkbox"/>	Musculo-skeletal e.g. low back pain / joint replacement (please circle)
<input type="checkbox"/>	Mild to moderate rheumatoid arthritis / osteoarthritis / osteoporosis (please circle)
<input type="checkbox"/>	Diabetes – type 1 / type 2, stable & controlled (please circle)
<input type="checkbox"/>	At high risk of developing diabetes
<input type="checkbox"/>	Mild to moderate depression / anxiety / stress (please circle)
<input type="checkbox"/>	Cancer diagnosis – pre-treatment / undergoing treatment / post-treatment (please circle)
<input type="checkbox"/>	Controlled / stable asthma / COPD (please circle)
<input type="checkbox"/>	Successfully completed a Cardiac / Pulmonary Rehabilitation programme (please circle)
Additional relevant medical conditions/information:	
Medication: (please provide details of any medications being taken, e.g. attach prescription list)	

SECTION 4: Informed Consent

<p>Patient: I hereby give consent to the above medical information being forwarded to the Solihull Active programme and agree to undertake a pre-exercise assessment.</p> <p>Signed (Patient/Parent): _____ Date: _____</p>	<p>Referrer Details / Practice Stamp:</p>
<p>Health Professional: I refer the above patient under the agreed project guidelines.</p> <p>Authorised Referrer Signature: _____</p> <p>Print Name: _____ Date: _____</p>	

IMPORTANT: The contents of this form are only valid for 3 months from the date of signing

Medical in Confidence: Mail in sealed envelope for addressee only:
 Solihull Active Team, Solihull Council, Ground Floor, Council House, Solihull, B91 3QB

White copy: Solihull Active;
 Green copy: Referring Clinician;
 Pink copy: Patient.



INFORMATION FOR PARTICIPANTS

DocSpot:

DocSpot is a 12 week adult exercise referral programme which provides you with an opportunity to improve your health through taking part in a supervised programme of physical activity designed to meet your personal needs and aspirations. **Please bring this referral form to your first session.**

You can take part in DocSpot at one of four local venues, to get started please select your venue from this list. **Please contact your chosen venue to book in for your initial DocSpot Welcome Consultation.**

Tudor Grange Leisure Centre: Blossomfield Road, Solihull, B91 1NB.	Tel: 0121 705 6371	£2.50 per visit* (membership available)
North Solihull Sports Centre: Conway Road, Chelmsley Wood, B37 5LA.	Tel: 0121 770 3822	£2.50 per visit* (membership available)
Smith's Wood Community Gym: Kingfisher Drive, Birmingham, B36 0SZ.	Tel: 0121 779 2986	£2.50 per visit* (membership available)
The Hampton Health Club: Old Station Rd, Hampton in Arden, B92 0HA	Tel: 01675 443 464	From £38.99 a month for 3 months*

See patient information leaflet for more details.

*Prices subject to change

Eat Well Move More – Family Weight Management Programme:

The family weight management programme referral criteria permits children and young people classified as overweight or obese (**over 91st centile**) to access the free service. However, where there is a volume of referrals, **priority will be given to children above 98th centile**. The service offer has 3 approaches dependent on age: 4-6 years, 7-11 years and 12-16 years.

Once Solihull Active receive your referral form a member of the team will contact you to book an induction.

Cancer Rehab:

A programme of specialist group exercise classes for people who have had a cancer diagnosis. Inclusive of all cancer types and individuals who are pre-treatment, undergoing treatment or post-treatment. **Please bring this referral form to your first session.**

You can take part in Cancer Rehab at: Tudor Grange Leisure Centre or North Solihull Sports Centre (see contact details listed above). To get started, **please contact your chosen venue to book in for your first exercise class**. Classes cost £2.50* per visit.

*Prices subject to change

INFORMATION FOR HEALTH PROFESSIONALS

DocSpot & Cancer Rehab Exclusion Criteria	Eat Well Move More Exclusion Criteria
<p>Please DO NOT refer the following patients:</p> <ul style="list-style-type: none"> • Under the age of 16 years. • Already physically active, i.e. > 150mins activity per week. • Resting systolic blood pressure ≥ 180mmHg and/or diastolic blood pressure ≥ 100mmHg. • Uncontrolled/unstable angina. • New or uncontrolled arrhythmias. • Uncontrolled resting tachycardia ≥ 100bpm. • Unstable diabetes. • Unstable/acute heart failure. • A recent (within last 6 months) significant change in a resting ECG, recent myocardial infarction or other acute cardiac event. • Acute/uncontrolled psychiatric illness. • Symptomatic hypotension/patient experiences significant drop in BP with exercise. • Experiences pain, dizziness or excessive breathlessness during exertion. • Febrile illness. • Active foot problem, e.g. ulceration. • Established cerebro-vascular disease. • Any unstable/uncontrolled health condition. 	<p>Please DO NOT refer the following patients:</p> <ul style="list-style-type: none"> • Children < 4 years old. • Young people > 16 years old. • Adults (refer to Gateway for adult weight management). • BMI score of < 91st centile. • Any unstable/uncontrolled health condition.

To find out more about Solihull Active: Visit www.solihullactive.co.uk or call 0121 704 8207.