**Active 4 Health Exercise Referral**

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| **East Dorset Exercise Referral** **Contact:** Active 4 Health Lifestyle CoordinatorMoors Valley Country Park Horton Road, Ashley HeathNr Ringwood, Dorset, BH24 2ET  | **Copy 1:** Please send to Lifestyle Coordinator  | **Copy 2:** Printed Patient Copy  | Participant ID |
| **Who can be referred?**Patients with low, medium or high risk conditions can be referred onto the Active 4 Health programme whereby the Lifestyle Coordinator will signpost the patient into the most appropriate pathway to suit individual needs, interests and location. |
| **Health Professional: How do I refer?*** Autofill patient details
* Please ensure patient email address and telephone number are entered into the form
* Type in reason for referral and any relevant medical information
* Print 1 copy for the patient to sign and hand back to the health professional and email a scanned copy of the form securely to: *active4health@dorsetcouncil.gov.uk*
* Print 1 copy for the patient to retain
 | **Patient: What do I do next?*** Please contact the Active 4 Health team by emailing active4health@dorsetcouncil.gov.uk with your details and the best time to call you, or call 01202 795 141 if you don’t have access to email.
* Keep hold of your copy of the referral form.
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| **Active 4 Health services across Dorset*** Active 4 Health includes a range of leisure centre, outdoor and community based activities such as walking/cycling groups, gym sessions, indoor and outdoor fitness classes, swimming, Chair Fit, hydrotherapy, specialist high risk classes etc. Based at:

 *-Queen Elizabeth Leisure Centre -Verwood Lifestyle Hub* *-Ferndown Leisure Centre -BH Live, Corfe Mullen* *- Moors Valley Country Park (Green referral) -Community –Health Walks & Cycles, Accessible Cycling etc**- Purbeck Leisure Centre - more locations developing** 12 week exercise referral programme available at each site including 1-2-1 consultations with specialist exercise referral instructors who will design a personalised exercise plan to suit your individual health needs, goals and interests
* Our exercise referral team have a range of Level 4 Specialisms for high risk patients; these include Cancer, Pulmonary, Stroke, Obesity and Diabetes, and Cardiac Phase 4.
* **Concessionary rates apply at each site**
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| **Date of Referral** (todays date) |  |
| **PATIENT DETAILS** | **REFERRER DETAILS** |
| **Full Name** |  | **Full Name** |  |
| **Gender** |  | **Profession** i.e. GP, practice nurse, physio |  |
| **Date of Birth** |  | **Practice**  |  |
| **Address** |  | **Address** **Postcode** |  |
| **Postcode** |  |
| **Home telephone number** |  | **Telephone Number** |  |
| **Mobile number** |  | **Registered GP name** (if different from above) |  |
| **Email Address** |  |

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| **Current Medication** |
| **Medication:**  |
| Acutes: |  |
| Repeats: |  |
| **MAIN REASON FOR REFERRAL:** Please do not refer anyone with absolute contraindications (see below) |
|  |
| **MEDICAL INFORMATION:** Please provide all recent and relevant information on the patients’ health status including dates |
| **Blood Pressure** |  | **BMI** |  | **Cholesterol** |  |
| **Sedentary lifestyle**  | [ ]   |
| **At risk of falls** (include falls history) | [ ]   |
| **Hypertension/Hypotension** | [ ]   |
| **Diabetes** | [ ]   |
| **Coronary Artery Disease** **\* Please fill out additional section below** | [ ]   |
| **Respiratory** | [ ]   |
| **Musculoskeletal** | [ ]   |
| **Stroke/TIA/Brain injury** **\* Please fill out additional section below** | [ ]   |
| **Pre/Post Surgery**  | [ ]   |
| **Cancer**  | [ ]   |
| **Mental Ill Health** | [ ]   |
| **Autoimmune/neuromuscular** | [ ]   |
| **Neurological** | [ ]   |
| **Chronic Fatigue/ME** | [ ]   |
| **Epilepsy** | [ ]   |
| **Other**  | [ ]   |
| **Any additional comments that may affect exercise:** |  |
| **Referrer’s Declaration:**In my clinical opinion, the above named patient is capable of undertaking a suitable exercise programme under the Active 4 Health referral programme. | [ ] Signature: Date:  |
| **Patient’s Declaration:**I agree for the above information to be passed onto the Active 4 Health Lifestyle Coordinator. I also give my consent to be contacted by the Lifestyle Coordinator. | [ ] Signature: Date:  |

**For Patients with Coronary Artery/Heart Disease ONLY**

**MUST HAVE COMPLETED PHASE 3 CARDIAC REHAB**

*Please tick box if applicable and provide dates where necessary*

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| **Phase 3 Cardiac Rehab complete?**  | **No** [ ]  **Yes** [ ]  **Date of discharge:**  |
| **Heart Failure**  | [ ]   |
| **Myocardial Infarction**  | [ ]   |
| **Angioplasty / Stent**  | [ ]   |
| **Coronary Artery Bypass Surgery**  | [ ]   |
| **Implantable Cardioverter-Defibrillator (ICD)** | [ ]   |
| **Current Dyspnoea** | [ ]   |
| **Current Angina**  | **At rest** [ ]  **On exertion** [ ]  |
| **Arrhythmias**  | **Bradycardia** [ ]  **Tachycardia** [ ]  |
| **Other event(s)** |  | Date:  |
| **Other event(s)** |  | Date:  |
| **Information on any investigations undertaken** |  |

**For Patients who have had a Stroke ONLY**

*Please tick box if applicable and provide dates/comments where necessary*

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| **NHS Rehabilitation service attended?**  | **No** [ ]  **Yes** [ ]   **Date of discharge:**  |
| **Date of most recent stroke:** |  |
| **General medical and stroke history:** i.e. CVA dates, complications and co-morbidities that may restrict exercise/daily activities |  |
| **Patient has or is susceptible to:**  | [ ]  **Hearing impairment** [ ]  **Impaired memory**[ ]  **Visual impairment** [ ]  **Impaired alertness** | [ ]  **Hemiparesis**[ ]  **Shoulder subluxation**[ ]  **Stroke related pain**[ ]  **MSK pain** | [ ]  **Arrhythmia**[ ]  **Receptive Dysphasia**[ ]  **Expressive Dysphasia**[ ]  **Dysarthria**  |

**ABSOLUTE CONTRAINDICATIONS – Do NOT refer**

**People with any current severe, UNSTABLE/UNCONTROLLED, condition.**

* **Resting systolic blood pressure >180mmHg**
* **Resting diastolic blood pressure >100mmHg**
* **Recent myocardial infarction (MUST have completed Phase 3 Cardiac rehab)**
* **New (< 1 month) or uncontrolled angina, or if it occurs at rest or at lower levels of exertion than normal**
* **New (< 3 months) or unstable diabetes and blood levels > 13mmol**
* **A recent change in resting ECG suggesting MI**
* **Symptomatic severe aortic stenosis**
* **Acute myocarditis or pericarditis**
* **Suspected or known dissecting aneurysm >4cm**
* **Unstable or acute cardiac event with fluid retention, excessive breathlessness, rapid weight gain, leg swelling or excessive tiredness**
* **New (< 3 months) or uncontrolled arrhythmias**
* **Uncontrolled resting tachycardia > 100bpm**
* **Experiences pain, dizziness or excessive breathlessness during exertion**
* **Symptomatic hypotension (during exercise) - Fall in SBP >20mg/Hg or DBP >10mg/Hg within 3 mins of standing**
* **Acute pulmonary embolus or infection**
* **Febrile illness or acute infection**
* **Other rapidly terminal illness**
* **Acute uncontrolled psychiatric/cognitive illness**
* **Recent injurious fall without medical assessment**

**The patient does NOT have any of the above contraindications** **[ ]  (tick to confirm)**