

ACHIEVE LIFESTYLE GET ACTIVE SCHEME – GP REFERRAL

(This form to be completed by the Health Professional only)

Patient Eligibility Criteria:

Please write any information that could affect your client's ability to exercise or that the exercise professional may need to know to ensure a safe and effective programme of activity is developed. For more information please call 01784 333111 and ask for Erica Watson (Health & Fitness Manager) or email getactive@achievelifestyle.co.uk

Patients must meet at least one of the inclusion criteria listed below:

- Committed to making a long term lifestyle change
- Clients must be clinically stable and compliant with their medication

Patients who can be referred:

- Arthritis
- Asthma
- Elderly
- Chronic Fatigue Syndrome (ME)
- Cancer
- Chronic Obstructive Pulmonary Disease (COPD)
- Mild to moderate mental health problems e.g. depression, anxiety
- Diabetes
- Hypertension
- Injury rehabilitation
- Multiple sclerosis
- Obesity (BMI over 25)
- Osteoporosis
- Parkinson Disease
- No contra – indications to exercise
- Sedentary patients (less than 60 minutes of exercise per week)
- Joint replacement
- Back pain
- Stable Angina

The following are excluded from the exercise referral scheme:

- Unstable angina or other unstable heart conditions
- Uncontrolled conditions including diabetes and epilepsy
- Uncontrolled tachycardia over 100bpm
- Uncontrolled arrhythmia
- Unstable mental health status
- Ventricular/aortic aneurysm
- Severe or poorly controlled asthma / COPD
- Any other condition which may be exacerbated by exercise

Patient Details:

Full name: _____

D.O.B: _____

Address:

Postcode: _____

Telephone: _____

Email: _____

Carer Details:

Does the patient need support of a care during exercise? YES NO

Carer's Full Name: _____

Telephone: _____

Referral: *(Please refer to inclusion criteria)*

Reason for Referral:

Current Medication:

Relevant Health History:

Patient Medical Information:

Blood Pressure: _____ Resting Pulse: _____

Waist Circumference: _____ BMI: _____



Health Care Declaration:

Please make sure you have informed the client of the next steps to join the scheme and make them aware of the notes below. The patient should be made aware that they will need to take this form to Achieve Lifestyle who will use the relevant medical information to design their exercise programme. The patient is aware that participation in the scheme is voluntary and they will be required to give consent to the Achieve Lifestyle for participation.

I refer this patient to the Achieve Lifestyle Get Active Referral Scheme. To the best of my knowledge, the information provided is an accurate representation of the above patient's health. I believe the named patient to be clinically stable and medically safe to participate in a structured exercise referral programme.

Name of Health Care Specialist: _____

Signature: _____

Surgery/Practice: _____

Email: _____

Date: _____

Notes for client:

Please read the following before registering with the scheme.

- You must be committed to making a long term lifestyle change and be ready to start a programme of physical activity.
- The scheme is not free. The cost will vary depending on the activity and exercise you choose.
- You are entitled to only one referral. It is not appropriate to be continuously referred for the same condition.
- When you contact the Exercise Referral provider, they will book an induction/assessment to discuss the next step and options available with you. This assessment could identify that you do not meet the eligibility for the scheme and Achieve Lifestyle has the right to decline your engagement on the scheme. You will be required to consent to the scheme at this point.
- Activities vary - there are many options available.
- Please ensure that you know or are able to read the full name of the health professional referring you.
- This referral form is valid for 3 months from when it is signed by the health professional (unless there are significant changes in your health status; in this instance a new form is required). It is your responsibility to inform the exercise professional of any changes to your health status.
- Please take this referral form and a list of any medications you are taking with you to your first appointment. The exercise professional will not carry out an appointment without the signed form.
- The Exercise Referral provider will be responsible for holding and processing of your data in line with data protection regulations.