

Move More Renfrewshire Referral form for Health Professionals

Referral Pathway

Health professional or potential participant completes referral form

Referral form received by Move More Renfrewshire

Potential participant phoned by Move More Renfrewshire team

Participant enrolled onto appropriate programme: gentle movement class/walking/circuits class/home

Participant attends 12-week Move More Renfrewshire sessions

Participant signposted to on-going local activities

Participant advised to see GP if issues with triage/screening [Follow GP advice]

Together with Macmillan

Referral form for Health Professionals

Participant details:

Title First name Surname
DOB/CHI
Address Postcode
Telephone Email

Emergency contact:

Name Telephone
GP practice Telephone

Referring Health Professional:

Name (PRINT)
Place of work Designation
Telephone Email
Digital signature Date

Essential referral information: (Description of diagnosis **MUST** be completed)

Diagnosis **Date**

Treatment (select appropriate boxes)

Chemotherapy	Ongoing	Completed
Radiotherapy	Ongoing	Completed
Biological	Ongoing	Completed
Hormonal therapy	Ongoing	Completed
Surgery	Ongoing	Completed

Other

Past medical history:

Cardiac conditions (e.g. MI)

Muscle, bone, joint conditions

Respiratory disease

Cognitive impairment

Epilepsy

Other (please add):

Surgery

Diabetes

Hearing/visual impairment

Neurological condition (e.g. CVA)

Additional comments/information that is relevant to attending Move More Renfrewshire eg Arthritis, low mood etc:

Move More screening questionnaire (tick to agree):

This patient does not have an unstable cardiac condition which would contraindicate physical activity

This patient does not suffer from unstable angina

This patient does not suffer from drop-attacks or blackouts

This patient does not suffer from an unstable/acute neurological condition (e.g recent CVA)

If you have answered yes to any of the questions above please discuss this with your health care professional as this activity programme may not be suitable for you at this time.

Patient consent (Data Protection Act 1998):

I have been informed about the Move More Renfrewshire programme and wish to join a physical activity group Yes No

I agree to the information in this form being passed to the Move More team at Renfrewshire Leisure and to being contacted by telephone Yes No

I acknowledge that all information will be confidential and held at Renfrewshire Leisure for the purpose of the Move More programme Yes No

Signature

Date

Please email completed forms to: movemore@renfrewshire.gov.uk

or post to: Move More Renfrewshire, Johnstone Town Hall, Ludovic Square, 25 Church Street, Johnstone, PA5 8FA. Telephone: 0141 618 4082.

Telephone **0141 618 4082** or email **movemore@renfrewshire.gov.uk**

All information passed to Move More is held in the strictest confidence under the guidelines of Data Protection Act 1998.