

HEALTHWISE: REFERRAL FORM

Please ensure all items on this form are completed by a health professional and electronic consent is given by both the patient and the referrer. This completed form must then be emailed to:

Healthwise.WelwynHatfield@gll.org

1. Patient details

Name:
Date of birth:
NHS number:
Address:

Postcode:
Telephone (home):
Telephone (work):
Email:
Ethnicity:
Occupation:

Referrer's details

Name:
Profession:
Surgery / Dept:
Address:

Postcode:
Telephone:
Email address:

GP name (if not the referrer above):
Surgery / Dept:

2. Baseline measurements (Mandatory - within the last 6 months)

*BP: Required BP < 180/100	*RHR: Required RHR < 100	*HGT (cm):	*WGT (kg):	*BMI:	HbA1c: % Required HbA1c < 10%
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3. Primary Reason for Referral and further details:

Please consult the Full Inclusion and Exclusion Criteria overleaf.

4. Medical Conditions/Reason for Referral (please tick/circle all that apply and attach additional details if applicable)

Asthma	<input type="checkbox"/>	COPD	<input type="checkbox"/>	Family CHD (premature) + 2 risk factors	<input type="checkbox"/>	Osteo / Rheumatoid arthritis	<input type="checkbox"/>
Anxiety disorders (Moderate)	<input type="checkbox"/>		<input type="checkbox"/>	Fibromyalgia	<input type="checkbox"/>	Obesity: BMI ≥ 30 kg/m ² (27.5 BAME)	<input type="checkbox"/>
Cancer – post treatment > 1 year	<input type="checkbox"/>		<input type="checkbox"/>	Hyperlipidaemia	<input type="checkbox"/>	Peripheral vascular disease	<input type="checkbox"/>
Chronic fatigue syndrome	<input type="checkbox"/>		<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Stroke / TIA – date:	<input type="checkbox"/>
Depression (Mild – Moderate)	<input type="checkbox"/>		<input type="checkbox"/>	Neurological conditions (state below):	<input type="checkbox"/>	Type 1 / Type 2 Diabetes	<input type="checkbox"/>
Established CHD (section 6) - post Phase IV cardiac rehabilitation	<input type="checkbox"/>		<input type="checkbox"/>	Osteopenia / Osteoporosis	<input type="checkbox"/>	>20% CVD risk (next 10 yrs) %	<input type="checkbox"/>

5. Current medication

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

Hatfield Leisure Centre AL10 8TJ	<input type="checkbox"/>	Hatfield Swimming Centre AL10 0DH		
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8. Patient / Referrer Consent

Tick below to confirm agreement of the following: **The below patient is ready to participate in the programme** and has agreed for the information on this form to be passed on to the Healthwise team and, if required, for the service to request further clinical information from other health professionals or to pass the referral onto an appropriate service (e.g. Phase 3 cardiac, Pulmonary Rehabilitation). The patient agrees for their data to be used for the purpose of service evaluation and to be later contacted for follow up.

Patient name: tick to confirm patient consent obtained

Sign/ tick below to confirm agreement of the following: The information on this form is an accurate representation of this patient's health status. I have discussed the referral with this patient, obtained their consent (above) and I believe them to be **ready and suitable to participate** in the physical activity programme. If I become aware that this status changes, I will endeavour to inform the Healthwise team.

Referrer Name: Signature: or (tick if electronic) Date:

Further Information

The Physical Activity Referral Scheme aims to support individuals who are inactive and have a medical condition to become physically active. The programme is a 12 week intervention, with individuals attending three assessments over this period. The individual will receive a structured activity programme and signposted to activities to benefit their health & wellbeing.

Price: The rate of the 2 years subsidised membership: £25 DD per month or £5 pay and play per activity

Please note all membership prices are subject to GLL annual price increase and completing the intervention programme

Participants must be:

- Aged 18 years or over
- Welwyn & Hatfield resident, or, if non resident, registered with a Welwyn & Hatfield GP
- Initial assessment suggests 'ready to change' and in need of a structured programme
- Physically inactive (less than 30 minutes per week)
- Able to access the venue independently, or with the assistance of their carer.
- Fit the inclusion criteria for the programme

INCLUSION CRITERIA

Hypertension	Medication Controlled ≥ 140 -180SBP and or ≥ 90 -100DBP. Resting Heart rate below 100 beats per minute.
Peripheral Vascular Disease	No symptoms of cardiac dysfunction
Family History of Premature CHD	Female < 65; Male < 55 and two other CVD risk factors
>20% CVD risk over next 10 years	Multiple risk factors as identified by QRisk / JBS3 risk tools
Established CHD	Patient must have completed Phase IV cardiac rehab <6 months ago
Stroke / TIA	> 3 months since stroke. Stable CV symptoms, no assistance required
Type 1 / Type 2 Diabetes	HbA1c under 86 mmol/mol or 10%. With adequate knowledge regarding hypoglycaemia awareness and management or adjustment of carbohydrate / treatment dosage
Obesity	BMI >30 (BAME >27.5) with a diagnosis of another comorbidity/chronic disease
Hyperlipidaemia	≥ 6.0 mmol/l and/or raised triglycerides
Depression / Anxiety Disorders	Mild to moderate
Fibromyalgia	Associated impaired functional ability
Chronic Fatigue Syndrome	Significantly deconditioned due to longstanding symptoms
Osteoarthritis	Mild / moderate with related mobility problems (includes joint replacements)
Osteopenia / Osteoporosis	BMD between 1 and 2.5 SD below young adult mean / BMD 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
Rheumatoid Arthritis	Mild where physical activity will provide symptomatic relief
Neurological Conditions	e.g. Young onset Parkinson's Disease (stable), Multiple Sclerosis, Cerebral Palsy
Asthma / COPD	Mild to moderate MRC breathlessness score <2 / Without ventilatory limitation. Patient must have completed Pulmonary Rehab <6 months ago

EXCLUSION CRITERIA

Established CHD	Angina, Post MI, CABG, Percutaneous Coronary Intervention (PCI/Stent), Valve Replacement (please refer to Cardiac Rehabilitation)
Stroke / TIA	Recent, <3 months ago
Psychiatric Illness / Cognitive Impairment / Dementia	Unstable, moderate to severe / AMT score less than 8
Cancer	Patients who are receiving or post cancer treatment (<1 yr. ago).
Type 1 / Type 2 Diabetes	Uncontrolled (over 86 mmol/mol or 10%) or with advanced complications
Overweight / Obesity	BMI >60 kg/m ² or with a diagnosis of obesity but with no additional comorbidity or chronic disease.
Severe Osteoarthritis / Rheumatoid Arthritis	With associated mobility problem, where physical activity will not provide symptomatic relief.
Clinical Diagnosis Osteoporosis	BMD > 2.5 SD from young adult mean, combined with one or more documented low trauma or fragility fractures
Sports / other Injuries	Individuals requiring a rehabilitation programme post injury (please refer to physiotherapy)
Asthma / COPD / Idiopathic pulmonary fibrosis	Unstable or Severe MRC breathlessness score >2 / With ventilatory limitation (please refer to Pulmonary Rehabilitation)