REFERRAL FORM

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| **Client Contact Details** | | | |
| Name |  | | |
| Gender | Female ☐ Male ☐ | Date of Birth |  |
| Address |  | | |
|  | | |
|  | Postcode |  |

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| **Preferred method of contact** | | | | | |
| ☐Telephone |  | ☐Mobile |  | ☐E-mail |  |

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| **Reason for referral** | |
| ☐ **Active Options 2**: for individuals with long-term condition - COPD, Stroke, MS, Diabetes, FRDU, Tier 3, Pain Management Service, ICASS Falls, Parkinson’s | ☐ **Back to Fitness**: for individuals referred from MSK physiotherapists |
| ☐ **Cardiac Rehabilitation**: for people who have suffered a cardiac event | ☐ **Move More Fife**: for individuals during and after cancer treatment |
| ☐ **Post Diagnostic Support:** Dementia | ☐ **FORTHVIEW** |
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| **Active Options 2** - Please indicate which condition for which you are referring the client | | | |
| ☐ COPD | ☐ Stroke | ☐ MS | ☐ Diabetes Type 1 |
| ☐ FRDU | ☐ Pain Management Service | ☐ ICASS Falls | ☐ Diabetes Type 2 |
| ☐ Parkinson’s | ☐ Cardiac | Tier 3 |  |

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| **Cardiac Rehabilitation** - Please indicate the relevant cardiac event for which you are referring the client | | | |
| ☐ MI | Date | ☐ Angioplasty/Stent | Date |
| ☐ CABG | Date | ☐ Pacemaker | Date |
| ☐ ICD | Date |
| ☐ Other |  | | |

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| **Back to Fitness** - Please indicate the relevant condition for which you are referring the client | |
| ☐ Non-specific lower back pain (LBP) | ☐ Non-specific LBP and leg pain to knee |
| ☐ 12 weeks post spinal surgery | ☐ Completed Physio Back to Fitness class |

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| **Move More Fife** | | |
| Diagnosis (type of cancer) |  | ☐ During or ☐ After Treatment |
| Date of diagnosis |  | |

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| **Relevant medical history (all)** |  |
| ☐ Cardiac conditions | ☐ Surgery |
| ☐ Muscle, bone, joint conditions | ☐ Diabetes |
| ☐ Respiratory disease, e.g. COPD | ☐ Hearing/visual impairment |
| ☐ Epilepsy | ☐ Cancer |
| ☐ Dementia | ☐ Anxiety/Depression |
| ☐ Rheumatoid Arthritis |  |
| ☐ Other/Comments | |

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| **Active Options Class Level (all)** – Please indicate which class level you are referring client to | |
| ☐ | Active Strength & Balance 1: Chair based |
| ☐ | Active Strength & Balance 2: Low level circuit with seated options |
| ☐ | Active Strength & Balance Circuit: Independently mobile and already physically active |
| Additional comments/information that is relevant to attending classes | |

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| **Authorisation** - I refer the above client to the physical activity scheme under the terms set out in the referral form | | | |
| Signature of Referrer |  | Print Name |  |
| Designation |  | Place of Work |  |
| Telephone |  | Date of Referral |  |
| Email |  | | |

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| **Self-referral** *(For Move More Fife Only)* | | | |
| Signature |  | Date |  |

**Client Declaration**

The information you provide in this form will be kept confidential and held by Fife Sports and Leisure Trust on a secure database. Information will be used by authorised Fife Sports and Leisure Trust staff to help you plan your activity programme, and will also be used by Fife Sports and Leisure Trust for statistical purposes with all statistical data remaining anonymous Fife Sports and Leisure Trust will share your data with funders (on an anonymous basis) and may require to share your data with third parties if you suffer an injury or another medical emergency.

I hereby consent to my data being used in accordance with the statement above and declare that to the best of my knowledge there is no reason why I should not participate in a physical activity programme. I understand that I take part in any recommended programme entirely at my own risk and waive any legal recourse for damages arising from my participation. I also understand that I am responsible for monitoring my own responses during exercise and will inform the instructor of any new or unusual symptoms. I will also inform the instructor of any changes in my medication as soon as possible.

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

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| **Referral Submission**  Please send completed form via email to healthwellbeing@fifeleisure.org.uk or by post to the address detailed below:  Health & Physical Activity Team, Fife Sports and Leisure Trust, Duloch Leisure Centre, Nightingale Place, Dunfermline KY11 8LW |