

Specialist Activity Programmes Referral Form

To refer complete sections A, B and the relevant section listed below and send to the Wellbeing Service Office

Be Active +	GP exercise referral programme to aid chronic disease management	Section C
Keep Active	Specialist classes for people at risk of falls	Section D
Better Breathing	Specialist classes for people with moderate to severe respiratory conditions (following completion of Pulmonary Rehabilitation course)	Section E
Proactive	Specialist classes for people who have / had cancer	Section F

Section A: Patient Information required

Patient name:	Date of birth:
Address:	Postcode:
Home tel no:	Mobile no:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Is the gender you identify with the same as your sex registered at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No (write in gender identity):

Ethnicity:

- White – British
- White – Irish
- White – other
- Mixed – White and Asian
- Mixed – White and Black Caribbean
- Mixed – White and Black African
- Mixed – other background
- Asian – Asian British Indian
- Asian – Asian British Pakistani
- Asian – Asian British Bangladeshi
- Asian - British other background
- Black – Black British Caribbean
- Black – Black British African
- Black – Black British other
- Other ethnic group – Chinese
- Any other ethnic group
- Rather not say – Not Given

Section B: Patient consent and details of referrer**required****Patient consent**

I consent to this information being given to the Wellbeing Service at Birmingham City Council for the purpose of developing a safe and effective exercise programme for me, and for them to share information about the outcome of the training programme back to my GP or clinician. I understand information will be used for purposes of providing and monitoring the effectiveness of a tailored exercise programme suitable to my requirements. Any medical information shall be treated as confidential and will only be shared with 3rd parties for the purposes of the provision of appropriate services, on the basis that they treat the information as confidential as well.

Signature of patient:**Date:****Declaration**

The details above are a true reflection of the patient's medical history and medication. I refer this patient to the Wellbeing Service Specialist Physical Activity Programme under terms and conditions set out in the protocol. I will notify the Health and Fitness Advisor of any changes to their medical condition.

Name of referrer or GP (please print):**Signature:****Date:****Please return to:**

Birmingham Wellbeing Service

The Active Wellbeing Society - Manor House, Hay Hall Business Park, Redfern Road, Tyseley, Birmingham, West Midlands, B11 2BE

Email: bhambeactiveplus@nhs.net**Tel:** 0121 728 7030**Fax:** 0121 238 0025

Practice / Clinic Stamp (or print name and address):

Section C: Be Active +

Referrals can be made by healthcare professionals in primary care. Referrals can also be made by cardiac rehabilitation and pulmonary rehabilitation secondary care services once patients have completed the relevant step-down rehabilitation programmes.

Referrals can be made for patients who have 2 or more low risk conditions (green) or for patients who have 1 medium risk condition (amber) Please tick the relevant conditions below.

For exclusion criteria please see the Referrer Guidance document

If patient is considered low risk, they need 2 or more low risk conditions	Tick
High normal blood pressure - <i>Systolic 130-139mmHg / Diastolic 85-89mmHg</i>	
Overweight Patients with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background: - <i>BMI of 23-27.4</i>	Patients with any other family background: - <i>BMI of 25.0-29.9</i>
Antenatal and postnatal - <i>No symptoms of pre-eclampsia/ history of miscarriage. No complications at 6 week check</i>	
Type 2 diabetes - <i>Diet controlled</i>	
Adults aged 65 years and over - <i>Not at risk of falls</i>	
Osteoarthritis - <i>Mild and where physical activity will provide symptomatic relief</i>	
Mild bone density changes - <i>Bone mineral density (BMD) >1 SD and <2.5 SD below adult mean</i>	
Asthma - <i>Controlled without need of medications during sub maximal exercise</i>	
Depression and anxiety - <i>Currently asymptomatic</i>	

If patient is considered medium risk, they need 1 or more medium risk conditions	Tick
Possible high cardiovascular disease (CVD) risk <ul style="list-style-type: none"> - Identified by >10% risk of CVD over the next 10 years identified through an NHS Health Check conducted in the last 5 years - Male > 45 or Female >55 with family history of coronary heart disease or currently smoking and engaged with a smoking cessation programme 	
Stage 1 hypertension <ul style="list-style-type: none"> - Systolic 140-159mmHg / Diastolic 90-99mmHg 	
Obesity Patients with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background: <ul style="list-style-type: none"> - BMI > 27.5 	Patients with any other family background: <ul style="list-style-type: none"> - BMI > 30
Type 2 diabetes <ul style="list-style-type: none"> - Medication controlled 	
Type 1 diabetes <ul style="list-style-type: none"> - With adequate instructions regarding modification of insulin dosage depending on timing of exercise and warning signs 	
Asthma <ul style="list-style-type: none"> - Mild (ventilatory limitation does not restrain sub maximal exercise) 	
Previous cardiac event <ul style="list-style-type: none"> - At least 3 months ago (e.g. MI or cardiac surgery) and have completed cardiac rehabilitation - No other symptoms, can carry out activities of daily living (ADL) 	
TIA <ul style="list-style-type: none"> - TIA > 4 weeks ago - Stable CVD symptoms 	
Stroke <ul style="list-style-type: none"> - >6 months ago - Stable CVD symptoms 	
Neurological conditions <ul style="list-style-type: none"> - e.g. Parkinson's Disease (stable); multiple sclerosis 	
Clinical diagnosis of osteoporosis <ul style="list-style-type: none"> - BMD -2.5 at spine, hip or forearm or ≥4 on FRACTURE index, with no history of previous low trauma fracture 	
Depression/ anxiety <ul style="list-style-type: none"> - Moderate/ severe 	
Fibromyalgia <ul style="list-style-type: none"> - Associated impaired functional ability, poor physical fitness, social isolation, neuroendocrine and autonomic system regulation disorders 	
Moderate or severe osteoarthritis or rheumatoid arthritis <ul style="list-style-type: none"> - Any patient with moderate or severe osteoarthritis or rheumatoid arthritis impacting on ADLs 	
Physical disabilities <ul style="list-style-type: none"> - Any patient with a physical disability 	
Peripheral arterial disease (intermittent claudication) <ul style="list-style-type: none"> - Any patient with Peripheral arterial disease 	
COPD <ul style="list-style-type: none"> - Any patient with COPD on medication 	
Cancer <ul style="list-style-type: none"> - Currently receiving cancer treatment - Has had cancer in the past (not including skin cancer unless metastasised) 	

Section D: Keep active classes for older people risk of falls

Referrals can be made from Falls clinics and GP surgeries

Reason for referral	Tick
History of falls in the previous year (injurious & non-injurious)? Give details below:	
Diagnosis or Parkinson's Disease or other physical condition affecting motor/ balance control causing asymmetric functional movement? Specify below:-	
Does the patient report any problems with their balance or feel they may fall or have a fear of falling? Give details below:-	
Can the patient rise from a knee high chair unaided? Ask the patient to stand up from a chair of knee height without using their arms to do so	
Further information on above conditions or conditions not listed that may affect a patient's ability to exercise:	
Please list all medications which will have an effect on the clients ability to exercise:	Blood pressure:

Section E: Better Breathing classes for people with moderate to severe respiratory conditions (Referrals can be made from Pulmonary Rehab teams or GP surgeries)

Main diagnosis	Tick		Tick	
COPD		Hyperventilation		
Asthma		Lung cancer		
Bronchiectasis		Other		
CFA				
Concurrent diagnosis				
Other				
Height: (m)			Weight: (kg)	
Ventilatory support				
Ambulatory cylinder	Yes	No	Flow rate	
LTOT	Yes	No	Duration	
Smoking history	Yes	No	Ex	Pack Years
Attended pulmonary rehabilitation?	Yes	No	Must have completed Pulmonary Rehab if MRC 3-5 or if requiring detailed information / education on condition consider referral to respiratory physiotherapist first.	
Medication				

Date:	
FEV ₁ predicted	
FEV ₁ /FVC (%)	

Reason for termination	
R1	SOB
R2	Chest pain
R3	Leg fatigue
R4	Unable to maintain speed
R5	Other

Pre PR ISWT / 6MWD		Post PR ISWT / 6MWD	
Distance achieved		Distance achieved	
SpO ₂ rest		SpO ₂ rest	
SpO ₂ end (Oxygen Y/N)		SpO ₂ end (Oxygen Y/N)	
BORG breathlessness rest		BORG breathlessness rest	
BORG breathlessness rest		BORG breathlessness rest	
HR rest		HR rest	
HR end		HR end	
Desaturation below 85%		Desaturation below 85%	
Reason for termination		Reason for termination	

Section F: Proactive classes for people who have / had cancer

Referrals can be made from oncology clinics and GP surgeries

Medical details:

Type of cancer		
Tumour size and stage		
Node		
Metastasis		
Treatment received:	Tick	Details
Surgery		
Chemotherapy		
Radiotherapy		
Hormone Treatment		
Biological therapies		

Other information:

Medication

Other comorbidities

Any other information

Data Protection

Any personal data shared is held in accordance with the Data Protection Act 2018 (DPA 2018) and the United Kingdom General Data Protection Regulations (UK GDPR). More details on how we use your data can be found at www.birmingham.gov.uk/privacy and will be used for purposes of providing and monitoring the effectiveness of a tailored exercise programme suitable to your requirements, and to support and develop public health commissioning functions.

Any medical information shall be treated as confidential and will only be shared with 3rd parties for the purposes of the provision of appropriate services, on the basis that they treat the information as confidential as well. Birmingham City Council is a local authority registered with the ICO (Registration number Z4594350).