**HEALTHWISE: REFERRAL FORM - 2024**

Please complete in BLOCK CAPITALS.

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| **1. Patient details** | | **Referrer’s details** | |
| Name: |  | Name: |  |
| Date of birth: |  | Profession: |  |
| NHS No: |  | Surgery/Dept: |  |
| Address: |  | Address: |  |
| Postcode: |  | Postcode: |  |
| Telephone/work: |  | Telephone: |  |
| Mobile: |  | Email Address: |  |
| Email address: |  | GP name (if not the referrer above) |  |
| Ethnicity: |  | Surgery/Dept: |  |
| Occupation: |  | Date of Referral: |  |

**Medical details**

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| **2. Baseline measurements - Double click to annotate (desired but not essential)** | | | | | |
| \*BP:      , Date:  Required BP < 180/100 | \*Resting HR:      ,  Required RHR < 100 | \*Height (cm):      cm, Date: | \*Weight (kg):      Kg, Date: | \*BMI:      Kg/m², | HbA1c:       mmol/mol – Date:  Required HbA1c <  97 |

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| **3. Recommended Programme – Double click to select one from the list below** | | | | | |
| **Adult Weight Management**  BAME >27.5-40kg/m2  BMI 30-40kg/m2 |  | **Physical Activity on Referral**  **C**lassified as inactive WITH at least one risk factor (other than obesity) or (stable) chronic medical condition in section 4. |  | **Give it a Go**  Classified as inactive WITHOUT a risk factor or medical condition, but includes mild depression and anxiety (skip to section 7) |  |

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| **4. Medical history - (please double click to tick all that apply and attach additional details if applicable)** | | |
| Asthma | Established CHD (state in section 6) | Osteoarthritis  Rheumatoid arthritis |
| COPD | Family CHD (premature) + 2 risk factors | Overweight  Obesity (BMI > 27.5) |
| Back pain (Post Physio) | Hyperlipidaemia | Peripheral vascular diseases |
| Cancer (Rehabilitation)  State: | Hypertension | Stroke  TIA date: |
| Chronic Fatigue Syndrome | Neurological conditions  State: | Type 1 Diabetes  Type 2 Diabetes |
| Fibromyalgia | Osteopenia | > 20% CVD risk (next 10 years):      % |
| Exercise for perimenopause to post-menopausal | Osteoporosis | At risk from falling |

**Additional Medical Notes:**

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| **5. Current medication (please attach prescription list/additional sheet)** |
| Acutes:  Repeats: |

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| **6. Cardiac history (if applicable – established CHD)** |
| Cardiac conditions: Yes  Current  Past  Date: |
| Nature of condition: |
| (Include level for Heart failure)  Please give more information regarding present condition and attach any test results, investigations, and any relevant paperwork. |

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| **7. Smoking Cessation Programmes** |
| Smoking: Yes  No  Past  Date Quit: |

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| **8. Please double click to tick preferred site/activity** | | |
| Better: Energise Leisure Centre  Cornlands Road, Acomb, York, YO24 3DX | Better: Yearsley Pool  Haley’s Terrace, York, YO31 8SB |  |
|  | | |
| Better: York Leisure Centre  York Community Stadium Leisure Complex  Kathryn Avenue, York  YO32 9AF | Better: Burnholme Sport Centre  Mossdale Avenue York YO31 OHA | Community Outdoor activity |
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| **9. 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.  Referrals into our weight management programme fall under the NHS digital Community Services Data Set. Which means a certain amount of pseudonymised data is securely shared with NHS digital. For more information visit:  <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/community-services-data-set>  **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:** | | |

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| Please ensure this form is completed and signed by both referrer and patient or double click mouse to tick box if unable to sign and/or if electronic).  Referrals emailed to: [**yhs-tr.healthwiseyork@nhs.net**](mailto:yhs-tr.healthwiseyork@nhs.net) |  |

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| **Adult Weight Management (AWM)** |
| **Tier 2 Adult Weight Management (BMI 30– 40kg/m2 BAME >27.5 – 40kg/m2)**  Adult Weight Management sessions are included within the PARs programme. The twelve week period will address educational components to promote healthy eating and an active lifestyle. Please note this will be drop in session, once a week over a 12 week period.  **The patient must not have any of the following contraindications**   * Pregnant or Breastfeeding * A diagnosed eating disorder * Co-morbidity or underlying medical cause of obesity which requires medical intervention * Unstable/uncontrolled moderate/severe mental health condition * This is a chargeable service see below |
| **Physical Activity on Referral (PARs)** |
| **To support individuals who are inactive and have a medical condition to become physically active**  12 week intervention, with individuals attending all assessments over this period.  The individual will receive a structured activity programme and signposted to activities to benefit their health & wellbeing |
| **Give it a Go** |
| **A physical activity intervention for those not currently active (< 30 minutes per week/not an existing gym member in the last 6 months)**  To support individuals who are inactive and ***do not*** have a clinical medical condition to become physically active.  6 week intervention, with individuals attending all assessments over this period.  The individual will receive a structured activity programme and signposted to activities |
| **Guidance for Referral/ New to referring** |
| 1. The patient meets the inclusion criteria. See inclusion/exclusion criteria 2. All sections of the referral form filled out by the health professional to best of there knowledge. 3. GP and GP Practice ***must be*** included on form in section 1 4. Emailed to [**yhs-tr.healthwiseyork@nhs.net**](mailto:yhs-tr.healthwiseyork@nhs.net)   The rate of the subsidised membership:  PARs: Year 1 & 2: £25.00 DD per month – Year 3: £30.00 DD per month or £4.50 PAYG per activity  AWM: £25.00 DD per month for 3 months or £4.50 PAYG per session  For further enquiries regarding the service please contact Healthwise on 01904 403917 or email [healthwiseyork@gll.org](mailto:healthwiseyork@gll.org) . |
| **Contraindications to Exercise and referral** |
| **Resting SBP> 180mmHg: DBP > 100mmHg** |
| **Experiences significant drop in BP during exercise** |
| **Uncontrolled/unstable angina** |
| **Uncontrolled resting tachycardia > 100 bpm** |
| **Experiences chest pain, dizziness or excessive breathlessness during exertion** |
| **Symptomatic severe aortic stenosis** |
| **Uncontrolled Diabetes HbA1c > 11% or > 97 (mmol/mol)** |
| **Neuromuscular, musculoskeletal or rheumatoid disorders that are exacerbated by exercise** |
| **Uncontrolled mental health condition or psychiatric illness** |
| **Patients recovering from specific conditions such as: Cardiac, Stroke, or Pulmonary are required to attend a rehabilitation exercise programme tailored to support their specific condition prior to attending Healthwise.** |
| **Please consult full inclusion and exclusion criteria for specific medical conditions** |

GLL are working to support other pathways into activity. These are operated by partners and include:

* \*\*iCANmove Cancer Rehabilitation programme for those living with and beyond cancer – York Against Cancer. This is a 5 free session programme suitable for those who are currently undergoing treatment or who have had treatment within the last 12 months
* \*\*Better York cardiac sessions - these cardiac sessions are for patients who come through the Healthwise referral programme and those who have had a past cardiac event and have completed the Phase III hospital programme.

Please complete the above form as normal expressing interest in these classes –

\*\*Carers and partners are more than welcome to attend theses class for support to loved ones at no cost