

Active Exercise Referral / Escape Pain



Please **PRINT** all details carefully using **BLOCK CAPITALS** or complete digitally.

Patient eligibility criteria for Active Exercise Referral

Patients must be:

- Aged 17 years and over.
- Meet at least one of the inclusion criteria listed below.
- Committed to making a long term lifestyle change.
- Patients must be clinically stable and compliant with their medication.

The following are **excluded** from the Active Exercise Referral programme:

- X Uncontrolled or poorly controlled diabetes with accompanying generalised neuropathy and untreated retinopathy.
- X BMI greater than 40 or less than 35 with co-morbidities or less than 35 BME.
- X Uncontrolled/poorly controlled hypertension greater than 180 / greater than 100 mmHg.
- X Chronic respiratory failure and/or in need of domiciliary non-invasive ventilation.
- X Uncontrolled exercise induced asthma.
- X Severe mental health state.
- X A recent significant change in a resting ECG, recent myocardial infarction or other acute cardiac event (less than three months post revascularisation or six months post-surgery).
- X Acute myocarditis or pericarditis. Hypertrophic obstructive cardiomyopathy. Uncontrolled, unstable angina.
- X Unstable or acute heart failure. Unstable or uncontrolled arrhythmias. Uncontrolled resting tachycardia greater than 100bpm.
- X Stroke in the past 3 months.
- X Neuromuscular, musculoskeletal or rheumatoid disorders exacerbated by exercise.

If the patient doesn't meet the eligibility criteria they will be signposted to other suitable pathways.

Patient Details

Title: _____ First name: _____ Surname: _____

Date of birth: ____ / ____ / ____ NHS Number: _____ Contact Telephone: _____

Email Address: _____

Address: _____

Postcode: _____

Active Exercise Referral

Please tick the reason for referral:

- Inactive (Below 30 mins/ week) Moderately Active (Below 150 mins/ week) Active (150 mins plus/ week)

<input type="checkbox"/> Stable Type 1/Type 2 diabetes	<input type="checkbox"/> Stroke at least 3 months post event and after rehabilitation
<input type="checkbox"/> BMI greater than 30 or 27.5 (BME)	<input type="checkbox"/> Impaired strength/mobility/surgical prep or recovery
<input type="checkbox"/> Hypertension systolic less than 180 and diastolic less than 100 mmHg	<input type="checkbox"/> Fibromyalgia
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease	<input type="checkbox"/> MS
<input type="checkbox"/> Asthma	<input type="checkbox"/> Parkinson's Disease
<input type="checkbox"/> BMI greater than 30 or 27.5 (BME)	<input type="checkbox"/> HBA1C of 42-47mmol/mol
<input type="checkbox"/> Mild to moderate depression	
<input type="checkbox"/> Stable, controlled coronary heart disease, including mild angina. The following cardiac patients will be accepted onto the scheme upon completion of Phase IV cardiac rehabilitation. *Post-acute myocardial infarction *Post revascularisation (CABG and angioplasty) *Post interventional procedures – transplant, valve replacements, ICD's etc. *Stable heart failure and cardiomyopathy, including medication controlled	
Escape pain	
<input type="checkbox"/> Chronic knee pain and aged 40+	<input type="checkbox"/> Chronic hip pain and aged 40+

Relevant past and present medical information, additional information and specific considerations

Please write any information that could affect your patient's ability to exercise or that the Health & Wellbeing Activator may need to know in order to ensure a safe and effective programme of activity is developed (including any relevant medication).

Height (m) Weight (kg) Blood pressure (mmHg) Resting heart rate (bpm)

Referring health professional (Please PRINT using BLOCK CAPITALS)

First name: _____ Surname: _____

Job title: _____ Contact email address: _____

Contact Telephone: _____ Address: _____

_____ Postcode: _____

To the best of my knowledge, the information provided is an accurate representation of the above patient's health. I believe the named patient to be clinically stable and medically safe to participate in a structured exercise referral programme.

Signature: _____ Date: ____ / ____ / ____

Please make sure you have informed the client of the next steps to join the programme and make them aware of the notes below. This form should be emailed to referral@northlincs.gov.uk and a copy given to the patient.

Relevant past and present medical information, additional information and specific considerations

- You must be committed to making a long term lifestyle change and be ready to start a programme of physical activity.
- The Active Exercise Referral programme is not free. Stage one consists of 12 weeks access at a cost of £25. Some specialised classes are included in the price (Active Circuits, supervised gym etc) Please speak to the Health & Wellbeing Activator for details. The full group fitness programme can be accessed for a discount during stage one and two of the Active Exercise Referral programme (£3.70 per hour). On completion of stage one you have the opportunity to progress to stage two which is a further 12 weeks access priced at £50.
- You are entitled to only one referral. It is not appropriate to be continuously referred for the same condition
- A Health & Wellbeing Activator will contact you to book an induction/assessment and to discuss the next step and options available with you. This assessment could identify that you do not meet the eligibility for the programme and NL Active has the right to decline your engagement on the programme. You will be required to consent to the programme at this point.
- The Health & Wellbeing Activator will devise a personal programme for you that may include a range of activities. This will be planned with you and depending on your condition may include one on one sessions, supervised gym sessions, group fitness classes, or independent activities in the gym, pool or outside the facility.
- This referral form is valid for 1 month from when it is signed by the health professional (unless there are significant changes in your health status; in this instance a new form is required).
- It is your responsibility to inform the Health & Wellbeing Activator of any changes to your health status.
- NL Active will be responsible for holding and processing your data in line with GDPR
- If being referred to Escape Pain you must commit to attend the full programme which is 12 sessions at £3.70 per session

Please bring a list of any medications you are taking with you to your first appointment

