

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

Be active plus	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:			
Gender:	Female		Male		Transgender
Ethnicity:-					
White – British	<input type="checkbox"/>	Asian – Asian British Indian	<input type="checkbox"/>	Black – Black British Caribbean	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>	Asian – Asian British Pakistani	<input type="checkbox"/>	Black – Black British African	<input type="checkbox"/>
White – other	<input type="checkbox"/>	Asian – Asian British Bangladeshi	<input type="checkbox"/>	Black – Black British other	<input type="checkbox"/>
Mixed – White and Asian	<input type="checkbox"/>	Asian - British other background	<input type="checkbox"/>	Other ethnic group – Chinese	<input type="checkbox"/>
Mixed – White and black Caribbean	<input type="checkbox"/>			Any other ethnic group	<input type="checkbox"/>
Mixed – White and black African	<input type="checkbox"/>			Rather not say – Not Given	<input type="checkbox"/>
Mixed – other background	<input type="checkbox"/>				

Section B: Patient consent and details of referrer required

Patient consent		
<p>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.</p>		
Signature of patient:		Date:
Declaration		
<p>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.</p>		
Name of referrer or GP (Please Print):	Signature:	Date:

Please return to:
Birmingham Wellbeing Service
 The Active Wellbeing Society -Studio 309, Scott House, The Custard Factory,
 Gibb Street, Digbeth, Birmingham, B9 4AA
Email: bhambeactiveplus@nhs.net Tel:- 0121 752 1345 Fax:- 0121-238 0025

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

Section C: Be active plus

Referrals can be made from GP surgeries

Reason for Referral	Tick	Reason for Referral	Tick
High cardiovascular risk identified through NHS health check		Neurological conditions (e.g. stable multiple sclerosis or Parkinson's Disease)	
Hypertension (<160/100)		Depression / anxiety	
Obesity (BMI over 30)		Fibromyalgia	
Diabetes		Osteoarthritis	
Asthma		Rheumatoid arthritis	
Coronary heart disease		Intermittent claudication	
Previous cardiac event (> 6 months ago)		Physical disabilities	
Stroke / TIA (> 12 months ago)		Osteoporosis	
Surgery – pre or post general or orthopaedic (not cardiac)			
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 Reading:/..... Date reading taken:-/...../.....	

*referral into specialist exercise classes

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 1998 and Birmingham City Council's privacy policy (available 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.

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.

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