

Referral for Active Health

*****Please complete all sections of the form, incomplete forms may be returned and your patient may be temporarily deferred until all relevant medical information is obtained.*****

Patient/Client Details					
Surname:		Forename:			
DOB:	Gender: M/F	Previous/Maiden Name:			
Address:		GP Name & Address: Dr			
Tel No:		GP Tel No:			
Ethnicity:		Patient Health Checks			
Next of Kin/emergency contact:	Height:	Weight:			
	BMI:	Resting HR:			
Comments	Seated BP:				
Primary Reason(s) for Referral: <ul style="list-style-type: none"> <input type="checkbox"/> Strong & Steady (Neurological Conditions) <input type="checkbox"/> Fit 4 Function (Falls Prevention, balance, coordination) <input type="checkbox"/> Exercise after stroke <input type="checkbox"/> Cardiac Rehab <input type="checkbox"/> Heart Arrhythmia Exercise Class <input type="checkbox"/> Gym exercise referral <input type="checkbox"/> Swim referral <input type="checkbox"/> Exercise for lower limb Osteoarthritis <input type="checkbox"/> Falls Prevention (For high risk of falls patients) <input type="checkbox"/> Connecting to Wellbeing (social isolation, general wellbeing) 					
Known medical conditions <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> Obesity <input type="checkbox"/> Osteoporosis <input type="checkbox"/> COPD <input type="checkbox"/> Anxiety <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Hypercholesterolemia </td> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Depression <input type="checkbox"/> Hypertension <input type="checkbox"/> Joint Replacement </td> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> CFS <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Angina <input type="checkbox"/> Other..... </td> </tr> </table>			<input type="checkbox"/> Obesity <input type="checkbox"/> Osteoporosis <input type="checkbox"/> COPD <input type="checkbox"/> Anxiety <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Hypercholesterolemia	<input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Depression <input type="checkbox"/> Hypertension <input type="checkbox"/> Joint Replacement	<input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> CFS <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Angina <input type="checkbox"/> Other.....
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Medication: (where possible please attached a printed list of medications)					

Other information (including other clinical diagnoses and/or current health problems/recent medical procedures/pending investigations/mobility barriers):

PATIENT CONSENT: The Active Health Scheme has been fully explained to me. I am prepared to participate and I give permission for this information to be passed to Active Health Staff.

PLEASE PRINT YOUR NAME

Signature of Patient.....

Date.....

AUTHORISATION. I can confirm that I have spoken to the individual about the Active Health Scheme and the individual is happy for the referral

Name of Referring Medical Professional (PLEASE PRINT)

.....

Signature of Referring Medical Professional

.....

Date of Referral.....

Please send the completed form to the Active Health Scheme, Harrogate Borough Council, Fairfax Community Centre, Fairfax Avenue, Harrogate, HG2 7RU. Or secure email active.health@harrogate.gov.uk Telephone 01423 500600 x58206.

How we use your information

Any information you give to us will be held securely and in accordance with the rules on data protection. We will treat personal details as private and confidential and safeguard them. We will not disclose them to anyone unconnected with the Council unless you have consented to their release or in certain circumstances where:

- we are legally obliged to do so;
- disclosure is necessary for the proper discharge of our statutory functions;
- disclosure is necessary to enable us to provide you with a requested service or deal with your enquiry;
- where "legitimate interests" are relied on in relation to specific processing operations.
- we are under a duty to protect public funds.

We may use the information you have provided for the prevention and detection of fraud. We may also share this information with other bodies responsible for public funds or for auditing them for these purposes.

For more information on privacy and how we use your data please take a look at our privacy notice at www.harrogate.gov.uk/privacynotice.