Fit For Health Referral Form

| | Participant Details | | Referrer Details | |
|--|--------------------------|---|------------------|--|
| Title | | Forename | | |
| Forename | | Surname | | |
| Surname | | Job Title/ | | |
| Gender | ☐ Male ☐ Female | Profession | | |
| | ☐ Mx ☐ Prefer not to say | Organisation Address | | |
| Date of birth | | Address | | |
| Address | | Email | | |
| | Postcode | Phone | | |
| Email | ' | | | |
| Phone | | | | |
| GP Practice | | | | |
| Referrals can be made for people with; Peripheral Artery Disease, Coronary Artery Disease, High BP (stable and medicated), High cholesterol (medicated), previous MI (In agreement with Cardiac Rehab specialist/health practitioner) Respiratory Disease Referrals can be made for people with stable COPD (not during exacerbation), controlled Asthma or other stable long term respiratory diseases. Cancer Referrals can be made for people during prehab, cancer treatment and up to 5 years post treatment. Any cardiac & respiratory conditions should be stable and controlled. No reports of black outs or drop attacks; no unstable acute neurological conditions, Precautions - recent surgery (within 12 weeks); Bony Metastasis; Peripheral Neuropathy; Osteoporosis; Avascular Necrosis; Balance problems; Impaired Cognition limiting the ability to follow simple instructions. Please give details of any conditions indicated and relevant tree. | | Referrals can be made for people with Chronic Pain (i.e lasting 1 year+) where exercise could have a beneficial impact on physical and/or psychological functioning. Diabetes & Pre Diabetes Referrals can be made for people with Type 1 & Type 2 diabetes if stable and controlled or those at risk of developing diabetes (referrer to base this on knowledge of the individual's risk factors. Arthritis Referrals can be made for people with any arthritic condition for which exercise supports rehabilitation, improved conditioning and increased ability to self-manage. Liver Disease Referrals can be made for people with non-alcoholic fatty liver tissue disease, and other chronic liver conditions. Heart Failure Referrals can be made for people with heart failure where exercise supports rehabilitation, improved conditioning and increased self-management. atments: | | |
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EL0719 continued next page..

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Data Protection & Consent

Edinburgh Leisure Privacy Notice

The information on this form will be forwarded to Edinburgh Leisure to progress this physical activity referral.

Privacy is important to Edinburgh Leisure and the information on this form will only be used to enable Edinburgh Leisure to deliver and improve their services. Edinburgh Leisure will never sell anyone's data and will only keep data for as long as necessary to deliver and evaluate services.

There is more detail on Edinburgh Leisure's privacy notice on the website; www.edinburghleisure.co.uk/data-protection or you can send enquires to enquiries@edinburghleisure.co.uk or call 0131 458 2260.

| By ticking the following boxes, you are confirming that, as the referrer detailed above: | | | | |
|--|---|---|--|--|
| | | d us of any contra-indicators that you are aware of which may affect the to take part in physical activity | | |
| | • | ave explained to the patient, detailed above, that this information will be passed to urgh Leisure and they have given you their explicit consent for this to happen. | | |
| Referrer Signature | | | | |
| Date | | | | |

Please return completed forms to Active Communities using one of the following methods:

By email:

lothian.active@nhs.net (if sending from an nhs.net account) active@edinburghleisure.co.uk

By post:

Active Communities, Edinburgh Leisure, Vantage Point, 3 Cultins Road, Edinburgh, EH114DF

* As you are transferring personal data we recommend that you use encrypted emails or recorded delivery as appropriate.

www.edinburghleisure.co.uk

Registered Scottish Charity No: SC027450

Working together for a caring, healthier, safer Edinburgh



