

The aim of Active Forth is to give the individual an opportunity to become more active and gain the benefits of a healthier lifestyle. They will take part in a structured physical activity programme supported by our physical activity consultants in 1 of our 4 gyms. They will have the option to take part in supported active forth classes, gym sessions and swimming. This programme runs for 6 months the PA consultant will create a plan for ongoing exercise after this point where the individual will be able to continue their exercise routine. Active Forth is for any age group from 11+

Access to this service is payable via monthly membership or per visit this will be discussed with patient at first appointment. If cost is an issue, please consider our award-winning Step Forth free walking programme.

Step Forth: [www.falkirkleisureandculture.org/fit-and-active/step-forth/](http://www.falkirkleisureandculture.org/fit-and-active/step-forth/)

Active Forth is not appropriate for the following individuals. Clinical judgement will be important but individuals with the following will not be suitable for referral:

- Unstable angina
- Unstable hypertension
- Unstable medication-controlled diabetes- at high risk of hypo.
- Unstable severe coronary heart disease.
- NYHA 4 HF classification.
- Early post myocardial infarction/coronary artery bypass graft/angioplasty without Cardiac Rehabilitation Assessment.
- Unmanaged severe mental health problem.

**Active Forth Physical Activity Consultants will contact the referring health professional if we require further advice or clarification on any medical condition or medication. Please fully complete this form to enable Active Forth to process without delay.**

Patient's Information		Health Professionals Information	
<b>Name:</b>		<b>Name:</b>	
<b>D.O.B:</b>		<b>Address:</b>	
<b>Address:</b>		<b>Post code:</b>	
<b>Post code:</b>		<b>Telephone:</b>	
<b>Telephone:</b>		<b>Email:</b>	
<b>Email:</b>		<b>Patient is aware of Active Forth Cost:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Emergency Contact Name:</b>		<b>Recent Blood Pressure Reading:</b>	Date:
<b>Contact Telephone:</b>		<b>Recent Weight. kg / stone:</b>	Date:

**We will accept patients with the following medical conditions. All conditions must be stable at the point of referral.**

**N.B. If you have a patient that does not fit these criteria, but you feel that they could benefit from participating with Active Forth, please contact us and we can discuss whether it is an option. Please indicate all those that apply.**

<input type="checkbox"/> Pre-Diabetes (HbA1c 42-47 mmol/mol)	<b>Stroke</b> <input type="checkbox"/> Ischemic <input type="checkbox"/> Hemorrhagic <input type="checkbox"/> TIA	<input type="checkbox"/> Hypertension (3+)	<input type="checkbox"/> Cancer Rehabilitation Cancer:
<input type="checkbox"/> Diabetes (I)	<input type="checkbox"/> Stress	<input type="checkbox"/> Anxiety	<b>State relevant detail in notes box below</b>
<input type="checkbox"/> Diabetes (II)	<input type="checkbox"/> Chronic Back Pain	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Injury/Post rehab surgery Injury Type:
<input type="checkbox"/> Depression	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Cystic Fibrosis	<b>State relevant detail in notes box below</b>
<input type="checkbox"/> Chronic Fatigue Syndrome/ ME	Osteoporosis detail: T score:	Falls Prevention detail: T score:	<input type="checkbox"/> Serious Respiratory Disorder Disorder:
<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Parkinson's	<input type="checkbox"/> Peripheral Vascular Disease	If know MRC dyspnoea scale:
<input type="checkbox"/> Osteopenia detail T score:	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Spina Bifida	<b>State relevant detail in notes box below</b>
<input type="checkbox"/> Arthritis			
<input type="checkbox"/> Cardiac: Please complete *Cardiac Status below.			

*Cardiac Status /Please Select Relevant Status:							
<input type="checkbox"/> Post MI	<input type="checkbox"/> NSTEMI	<input type="checkbox"/> STEMI	Date:	<input type="checkbox"/> Angina	Date:	<input type="checkbox"/> Other Cardiac condition	
<input type="checkbox"/> POST CABG	Date:	<input type="checkbox"/> Heart Failure		<input type="checkbox"/> Cardiac Rehab Assessment:	Date:		
<input type="checkbox"/> Post Angioplasty	Date:	<input type="checkbox"/> Arrhythmias		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Valve Repair / Replacement	Date:	<input type="checkbox"/> ICD					

### Medications or attach prescription

### Notes for Physical Activity Referral Consultant: (Please give as much relevant detail as possible to aid in Physical activity Plan)

Please send this form to the Active Forth Email: [activeforth@falkirk.gov.uk](mailto:activeforth@falkirk.gov.uk)  
To post please click: [www.falkirkleisureandculture.org/fit-and-active/join-our-gyms/our-gyms/](http://www.falkirkleisureandculture.org/fit-and-active/join-our-gyms/our-gyms/)

**Select Preferred Centre:**  Grangemouth  
 Boness  Mariner  Stenhousemuir

Client Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Referrer Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

I wish to receive updates on Clients Participation on Active Forth Programme  Y  N

The aim of the programme is to give the patient an opportunity to become more active and gain the benefits of a healthier lifestyle. They will take part in a 6-month structured physical activity programme in our gyms. The physical activity plan will provide access to gym, swimming and classes. Access to this service does come with a subsidised charge which will be discussed with patient at first appointment.

## Health Professional completes referral for Eligible Individual

(Please select preferred Centre. See criteria on form for unsuitable referrals)



## Once form is received Physical Activity Referral Consultant will contact Individual for 1<sup>st</sup> Appointment to discuss:

Reason for referral / Referral Form Details



Classes → **Physical Activity Goals** ← Gym



## Individual is booked for 2<sup>ND</sup> Appointment to attend centre



## Physical Activity Plan is created & Joining Active Forth is completed

(Patient will be active during this session. This can be 1-2 appointments)



## 6 & 12 Week Assessment Update & Review

(Individual is encouraged and supported to uptake physical activity, more reviews can be offered for this)



## 24 Week Progress Review



**Successful Completion plan for continued physical activity**

Some long-term health conditions will warrant the continued support from PARC/Active Forth and so will remain on Active Forth.



**Incomplete/ Drop Out**

Referrals can be reassessed and accepted back to active forth if appropriate.