

Exercise referral scheme form

Active living for life is the exercise referral programme developed by Active Stirling. It is aimed at individuals aged 16 years and older who are not currently participating in regular physical activity and who have been diagnosed with a medical condition that would benefit from increased levels of physical activity and exercise.

All referrers must have access to the patients' full medical history. For further information please contact us at **ALFL@activestirling.org.uk**

Patients with the following HIGH RISK CONDITIONS are NOT eligible for Active Living for Life and should be signposted to a suitable alternative.

- Unstable and uncontrolled cardiac disease Orthostatic hypotension
- Severe osteoarthritis / rheumatoid arthritis – with associated immobility
- COPD / emphysema – with true ventilation limitation
- Moderate to severe asthma – where ventilator limitation restrains submaximal exercise
- Type 1 or Type 2 Diabetes (advanced) – with accompanying autonomic neuropathy / advanced retinopathy
- Psychiatric illness / cognitive impairment / dementia (advanced), claudication with cardiac dysfunction

Referrer's information

I confirm I have discussed this referral with my patient, I have explained the Active Living for Life programme, and I have explained how personal health data will be used for the purpose of this referral. I have obtained my patient's informed consent to this referral and to be contacted by Active Living for Life team. I have completed the above form. It is my opinion that this patient would benefit from participating in the Active living for Life programme run by Active Stirling.

Patient information

General Practitioner's name and contact details (if different from referrers details above):

Referral for Active Living For Life

What is the primary condition or reason for referral?

Other Diagnosed Medical Conditions and General Medical History:

Musculoskeletal conditions

- Back pain
- Joint pain
- Joint Replacement
- Osteoarthritis
- Rheumatoid Arthritis
- Fibromyalgia
- Osteopenia
- Osteoporosis
- Other:

Cardiovascular diseases

- Hypertension (controlled)
- Coronary Heart Disease
- Angina
- Myocardial infarction
- Arrhythmias
- Other:

Cancer

Endocrine, nutritional and metabolic diseases

- Overweight
- Obesity
- Dyslipidaemia
- Pre-Diabetes
- Type 2 Diabetes (controlled)
- Type 1 Diabetes
- Hyper-/Hypothyroidism
- High Cholesterol
- Other:

Pulmonary disease

- Asthma (mild)
- COPD
- Other:

Neurological diseases

- Parkinson's Disease
- Multiples Scleroses
- Stroke *(If this a specific referral for the stroke programme please fill out the next page)*
- Chronic Fatigue Syndrome and ME
- Other:

Mental health

- Depression (mild or moderate)
- Anxiety or panic attacks
- Stress
- Low self-esteem
- Eating disorders
- Other:

Lifestyle and other risk factors

- Physical Inactivity
- Tobaccouse
- Unexplained dizziness / fainting
- Unhealthy diet
- Alcohol use
- Family history of Cardiovascular disease
- Older adults aged 65+ (no more than 2 cardiovascular risk factors and NOT AT RISK OF FALLS)

List of medication(s):

Referral for moving forward after stroke

Date of stroke:

Patient has / or is susceptible to:

Motor symptoms

- Hemiparesis/hemiplegia
- High tone
- Low tone
- Flaccid Limb
- Reduced static balance
- Reduced dynamic balance
- Reduced coordination
- Other:

Pain

- Stroke-related pain
- Shoulder pain/subluxation
- MSK pain
- Other:

Falls

- Recent falls
- Problems with tripping
- Fractures due to fall
- Other:

Speech and language

- Receptive dysphasia
- Expressive dysphasia
- Dysarthria
- Other:

Speech and Sensory & perceptual symptoms

- Visual impairment
- Hearing impairment
- Difficulties with body scheme awareness

Attention & memory problems

- Impaired memory
- change in concentration
- impaired alertness
- Other:

Emotional changes

- Depression
- Anxiety
- Emotionalism
- Other:

Others

- Fatigue / tiredness
- Arrhythmia
- Seizures
- Other:

Contraindication for taking part in the Programme

- | | |
|--|---|
| <input type="checkbox"/> Severe stenotic or regurgitant valvular heart disease | <input type="checkbox"/> Uncontrolled visual or vestibular disturbances |
| <input type="checkbox"/> Uncontrolled arrhythmia, hypertension and/or diabetes | <input type="checkbox"/> Recent ECG changes suggesting MI |
| <input type="checkbox"/> Third degree heart block or acute progressive heart failure | <input type="checkbox"/> Unstable angina |
| <input type="checkbox"/> Acute pulmonary embolus or pulmonary infection | <input type="checkbox"/> Acute aortic dissection |
| <input type="checkbox"/> Extreme obesity, with weight exceeding equipment capacity | <input type="checkbox"/> Deep vein thrombosis |
| <input type="checkbox"/> Recent injurious fall without medical assessment | <input type="checkbox"/> Suspected or known dissecting aneurysm |
| | <input type="checkbox"/> Acute infections |
| | <input type="checkbox"/> Acute myocarditis or pericarditis |
| | NONE PRESENT <input type="checkbox"/> <i>(Tick to confirm)</i> |

- | | | |
|--|------------------------------|-----------------------------|
| Patient has attended NHS stroke rehabilitation service? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is patient able to mobilise at least 5 metres with or without a walking aid? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is patient able to independently transfer without assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is patient able to sit in any seat independently (time unlimited)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is patient able to self-monitor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is patient motivated to participate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please email this completed form to ALFL@activestirling.org.uk