

# Solihull Active - Physical Activity Referral Form



## SECTION 1: Patient Information

Full Name:	Date of Birth:
Address:	Postcode:
Telephone Number:	

## SECTION 2: Physical Activity Programme (please tick)

<input type="checkbox"/>	<b>DocSpot</b> (16+ yrs, inactive/sedentary with mild/moderate health condition/other risk factors for disease) Patient's preferred venue: <input type="checkbox"/> North Solihull <input type="checkbox"/> Tudor Grange <input type="checkbox"/> The Hampton
<input type="checkbox"/>	<b>Eat Well Move More</b> (4-16 years, classified as overweight or obese, >91 <sup>st</sup> BMI centile)
<input type="checkbox"/>	<b>Cancer Rehab</b> (16+ years, previous cancer diagnosis, including pre / undergoing / post treatment)
<input type="checkbox"/>	<b>MS / Parkinson's Exercise</b> (16+ years, with a MS or Parkinson's Diagnosis)
<input type="checkbox"/>	<b>Cardiac Rehab</b> (18+ years, CHD history / previous cardiac event, no recent acute event - last 6 months) *** Complete Cardiac Referral form - <a href="https://solihullonthemove.co.uk/get-support-to-be-active/people-with-long-term-health-conditions/cardiac-rehab-exercise/">https://solihullonthemove.co.uk/get-support-to-be-active/people-with-long-term-health-conditions/cardiac-rehab-exercise/</a>

## SECTION 3: Referral Information & Patient History

<b>Reason(s) for referral:</b> (please tick all that apply)	
<input type="checkbox"/>	Weight reduction &/or maintenance
<input type="checkbox"/>	Cardiovascular – CHD / stroke / hypertension (<180/100mmHg) / hypercholesterolemia (please circle)
<input type="checkbox"/>	Musculo-skeletal e.g. low back pain / joint replacement (please circle)
<input type="checkbox"/>	Mild to moderate rheumatoid arthritis / osteoarthritis / osteoporosis (please circle)
<input type="checkbox"/>	Diabetes – type 1 / type 2, stable & controlled; OR At high risk of developing diabetes (please circle)
<input type="checkbox"/>	Poor muscular strength / balance / at risk of falls (please circle)
<input type="checkbox"/>	Mild to moderate depression / anxiety / stress (please circle)
<input type="checkbox"/>	Cancer diagnosis – pre-treatment / undergoing treatment / post-treatment (please circle)
<input type="checkbox"/>	Controlled / stable asthma / COPD (please circle)
<input type="checkbox"/>	Successfully completed a Cardiac / Pulmonary Rehabilitation programme (please circle)
<b>Additional relevant medical conditions/information:</b>	
<b>Medication:</b> (please provide details of any medications being taken, e.g. attach prescription list)	
<b>IMPORTANT: Patient must receive a copy of their referral form and contact their chosen venue (PTO).</b>	

## SECTION 4: Informed Consent

<b>Patient:</b> I hereby give consent to the above medical information being shared with the Solihull Active programme and agree to a pre-exercise assessment. Signed (Patient/Parent): _____ Date: _____	<b>Referrer Details / Practice Stamp:</b>   
<b>Health Professional:</b> I refer the above patient under the agreed project guidelines and have given them a copy of their referral form. Authorised Referrer Signature: _____ Print Name: _____ Date: _____	
<b>IMPORTANT: The contents of this form are valid for 3 months from the date of signing.</b> <b>PATIENTS: Contact venue to start (PTO). Please take this form with you to your first appointment.</b>	
<b>For SMBC service records:</b> Send a copy of referral form to Solihull Active Team, Solihull Council, 3rd Floor, Council House, Solihull, B91 3QB or email to: <a href="mailto:solihullactive@solihull.gov.uk">solihullactive@solihull.gov.uk</a>	

Please print & sign 1 copy for patient & send 1 copy to Solihull Active.  
Please inform patient to contact their preferred venue to start (PTO).



## INFORMATION FOR PARTICIPANTS

**DocSpot Exercise Referral Scheme:** A 12-week adult exercise referral programme which provides you with an opportunity to improve your health and wellbeing through taking part in a supported programme of physical activity designed to meet your personal needs and aspirations.

**To get started: Please contact your chosen venue to book your initial DocSpot Welcome Induction.**

<b>North Solihull Sports Centre:</b> Conway Road, Chelmsley Wood, B37 5LA.	<b>Tel:</b> <b>0121 770 3822</b>	£3.40 per visit * (membership available)
<b>Tudor Grange Leisure Centre:</b> Blossomfield Road, Solihull, B91 1NB.	<b>Tel:</b> <b>0121 705 6371</b>	£4.00 per visit * (membership available)
<b>The Hampton Health Club:</b> Old Station Road, Hampton in Arden, B92 0HA.	<b>Tel:</b> <b>01675 443 464</b>	£4.00 per visit * [billed monthly] (membership available)

**Pre-Register Online:** Scan the QR code to fill out your DocSpot registration, this will save time in your induction appointment to focus on meeting your needs.



**Please bring this referral form to your first appointment.**

See DocSpot patient information leaflet for more details.

\*Prices subject to change

### **Eat Well Move More – Family Weight Management Programme:**

This free programme is for families with children and young people classified as overweight or living with obesity (**over 91st centile**). The service includes healthy eating and nutritional advice, and support to be more active. Face-to-face and virtual appointments can be offered. **Call: 0121 704 8207.**

### **Specialist Exercise Programmes:**

**Cancer Rehab:** A programme of specialist group exercise sessions for people who have had a cancer diagnosis. Inclusive of all cancer types and individuals who are pre-treatment, undergoing treatment or post-treatment. Available at: Tudor Grange Leisure Centre or North Solihull Sports Centre.

**MS & Parkinson's:** Specialist exercise classes for MS & PD patients at Tudor Grange Leisure Centre.

**Cardiac Rehab:** Specialist exercise to help manage heart conditions, available at both leisure centres.

**To get started, please contact your chosen venue to book your first session. Please bring this referral form to your first session.** See contact details listed above, prices per session as above\*.

## INFORMATION FOR HEALTH PROFESSIONALS

<b>DocSpot &amp; Specialist Exercise Class Exclusion Criteria</b>	<b>Eat Well Move More Exclusion Criteria</b>
<p>Please <b>DO NOT</b> refer the following patients:</p> <ul style="list-style-type: none"> <li>• Under the age of 16 years.</li> <li>• Already physically active, i.e. &gt; 150mins activity per week.</li> <li>• Resting systolic blood pressure <math>\geq</math> 180mmHg and/or diastolic blood pressure <math>\geq</math> 100mmHg.</li> <li>• Uncontrolled/unstable angina.</li> <li>• New or uncontrolled arrhythmias.</li> <li>• Uncontrolled resting tachycardia <math>\geq</math> 100bpm.</li> <li>• Unstable diabetes.</li> <li>• Unstable/acute heart failure.</li> <li>• A recent (within last 6 months) significant change in a resting ECG, recent myocardial infarction or other acute cardiac event.</li> <li>• Acute/uncontrolled psychiatric illness.</li> <li>• Symptomatic hypotension/patient experiences significant drop in BP with exercise.</li> <li>• Experiences pain, dizziness or excessive breathlessness during exertion.</li> <li>• Febrile illness.</li> <li>• Active foot problem, e.g. ulceration.</li> <li>• Established cerebro-vascular disease.</li> <li>• Any unstable/uncontrolled health condition.</li> </ul>	<p>Please <b>DO NOT</b> refer the following patients:</p> <ul style="list-style-type: none"> <li>• Patients aged under 4 years old.</li> <li>• Patients aged over 16 years old, unless SEN up to age 25.</li> <li>• BMI score of &lt; 91<sup>st</sup> centile.</li> <li>• Any unstable/uncontrolled health condition.</li> <li>• Adults (refer to adult weight management provision via <a href="http://www.solihull.gov.uk/health-and-wellbeing/Healthy-weight">www.solihull.gov.uk/health-and-wellbeing/Healthy-weight</a>).</li> </ul>

**More physical activity information:** Visit <https://solihullonthemove.co.uk/> or call 0121 704 8207.