

Physical Activity Referral Scheme Form

Please note: We are unable to accept a referral for patients who have suffered a heart attack or have had cardiac surgery in the last six months and have not completed a Phase III Cardiac Rehabilitation Programme or who has any unstable condition. All conditions should be medically managed prior to referral and stable on referral. Cardiac patients should be referred using the BACPR Cardiac Referral Form.

Patient Name: _____

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Date of birth: _____

Address: _____

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Postcode: _____

Telephone Number: _____

Mobile Number: _____

Email: _____

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Emergency contact: _____

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(Please ensure you have consent from the 3rd Party detailed above)

Usual GP and Surgery: _____

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Referrer Name: _____

Job Title/Role: _____

Contact details/Practice Stamp: _____

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Referral Information. Reason for referral (please tick)

- Patient is stable
- Cardiac Referral Phase IV
- Living with/recovering from cancer
- Coronary Heart Disease Risk Factors
- Raised cholesterol >5mmol/l
- Moderate hypertension (140/90mmHg- 179/109mmHg)
- Mental Health
- Chronic Obstructive Pulmonary Disease
- Diabetes Type I or II
- Overweight/Obesity BMI >25
- Osteoporosis
- Chronic MSK pain (including OA, RA, Back pain, joint replacement)
- Chronic Neurological Disease (e.g. CVA, MS, Parkinson's)
- Physically Inactive
- Any other long term condition (please specify)

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Additional Information:

- Heart rate is affected by medication
- Any prohibited activity

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Current BMI _____

Current BP _____

Any relevant medical history _____

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Please attach further information if necessary.

Patient informed consent:

This scheme has been fully explained to me. I wish to increase my current activity levels by participating on this scheme and consent to the information on this form being shared with the Broadly Active programme. I also give consent for any relevant clinical information about my health and participation on this scheme to be used for evaluation and monitoring purposes and for my information to be stored on a database.

Signed (patient) _____

Please print name _____

Date _____

Verbal consent given to contact patient about Broadly Active.

I refer this patient in accordance with the guidelines of the scheme which I have received, read and understood. If I become aware of their condition(s) changing in a way that would affect the client’s ability to exercise I will inform the scheme co-ordinator as soon as reasonably possible.

Signed (referrer) _____

Please print name _____

Date _____

Privacy Statement

About us:

Broadly Active, Broadland District Council’s Physical Activity Referral Scheme takes your privacy very seriously. Under data protection legislation we lawfully process your personal information as a Public Authority.

What we do with your data:

The information provided on this form will be used to help us build a programme of Physical Activity appropriate to you. We will use the information to contact you about the Broadly Active scheme, to support you through an exercise programme, to provide you with relevant information of other exercise opportunities and report back to your referrer on the status of the referral.

Information on the referral form will be anonymised to provide statistical information to support funding bids and applications.

Broadly Active may share this information with a 3rd party if this is relevant to your Physical Activity programme, this will be discussed during your initial appointment and consent requested before the information is shared. Broadly Active will retain this data for 4 years from the date of completion or withdrawal.

Your rights:

Under data protection law you may have the right to access, rectification, restriction, portability or erasure of the processing of your personal data, as detailed in our Privacy Statement (on our website).

To opt out of Broadly Active please contact the Broadly Active team on t: 01603 430487 or e: broadlyactive@broadland.gov.uk.

You can contact our Data Protection Officer at DPO@broadland.gov.uk or telephone 01603 430615. You also have the right to lodge a complaint with the regulator, the Information Commissioner’s Office.



communication for all

If you would like this information in a different format, such as large print, audio, Braille or in a different language please call 01603 431133 and we will do our best to help.

Please take a copy of this form for your records and send the original to:

Broadly Active, Broadland District Council, Thorpe Lodge, 1 Yarmouth Road, Thorpe St Andrew, Norwich, NR7 0DU. **Tel:** 01603 430487. **Email:** broadly.active@broadland.gov.uk