

LIFESTYLE REFERRAL FORM

(Including Pre-Optimisation)

Complete One Referral Form Per Person

1. Client Details

Mr Mrs Ms Miss

Date of Birth: _____ Age: _____

First Name: _____

Are They Registered Disabled: Yes No

Surname: _____

If yes, what is their disability: _____

Address: _____

Date of Referral: _____

Postcode: _____

Pre-optimisation Patient? Yes No

Contact Number: _____

(Please note this only applies to Re-Shape and Taste for Life Cookery Courses)

Email: _____

2. Diversity

Gender:		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>			
Ethnicity:							
White: White British <input type="checkbox"/> Irish <input type="checkbox"/> Other White <input type="checkbox"/>	Mixed: White/Black Caribbean <input type="checkbox"/> White/Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other <input type="checkbox"/>	Asian or Asian British: Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other <input type="checkbox"/>	Black or Black British: Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other <input type="checkbox"/>	Other Ethnic Groups: Chinese <input type="checkbox"/> Other <input type="checkbox"/>			
Sexual Orientation:		Heterosexual <input type="checkbox"/>	Gay <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Prefer Not To Say <input type="checkbox"/>	
Occupational Status:							
Full-time Student <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Retired <input type="checkbox"/>	Carer <input type="checkbox"/>	Sick/Disabled/Unable To Work <input type="checkbox"/>	Managerial/Professional <input type="checkbox"/>	Routine & Manual <input type="checkbox"/>	Intermediate <input type="checkbox"/>

3. Referral Criteria

Patients/Client Must Be A 'Resident of Cheshire East' and Comply With The Specific Programme Criteria Below.

Tick To Confirm Eligibility

Programme	Criteria	Eligibility
Be Steady Be Safe Falls Prevention Programme (24 week programme of balance, strength and education classes)	<ul style="list-style-type: none"> Aged 65 years and over Have one or more of the following: <ul style="list-style-type: none"> Fallen in the past 12 months Poor balance and mobility Osteoporosis 	
Active Lives Physical Activity Referral Programme (12 week exercise programme, swimming, walking, gym, exercise classes etc.)	<ul style="list-style-type: none"> Aged 18 years and over Inactive doing less than 30 minutes of moderate intensity exercise per week. Motivated to be physically active and improve their health Not an existing Everybody Sport & Recreation member 	
Re-Shape Adult Weight Management Programme (12 week course, weekly one hour nutritional education classes and weekly leisure centre pass)	<ul style="list-style-type: none"> Aged 18 years and over BMI 30 to 39.9 (BME groups 27 to 39.9) Motivated and wanting to lose weight and improve their health 	Include Patients BMI:
Taste For Life Healthy Cookery Courses (6 week cookery course of nutritionally balanced, low cost, healthy meals)	<ul style="list-style-type: none"> Aged 18 years and over Needs to improve basic cooking skills and learn to cook from scratch. Motivated in wanting to eat a healthy balanced diet and improve their health. 	
Lets Get Movin Family Weight Management Programme (12 week leisure pass, nutritional support and lifestyle workshop)	<ul style="list-style-type: none"> Aged 4 to 18 years and over One child within the family must be above the 91st centile Motivated to be physically active and lead a healthy lifestyle 	
Fit for Birth (12 week exercise and healthy eating programme, see separate sheet for exclusion criteria)	<ul style="list-style-type: none"> Pregnant women BMI of >30 Motivated to be physically active and lead a healthy pregnancy 	

4. History (All patients referred must be clinically stable and not in an acute stage of their condition)

Medical History (e.g. diabetes, hypertension)	
Any Physical Limitations	
Any Allergies (Please include if referring to cookery)	

5. Referrers Details

I refer this patient/client to Everybody Sport and Recreation Lifestyle programme. By completing the referral I am not assuming responsibility for the administration or delivery of any of the programmes. The information will be shared with Cheshire East Council and Peaks and Plains Housing Trust for monitoring and evaluation purposes.

NHS Health Checks GP Practice Nurse Healthcare Assistant Dietician Physio OT

Other: _____

Full Name: _____ Surgery/Organisation: _____

Email Address: _____ Telephone Number: _____

Signature: _____ Date: _____

Important Information

Everybody Sport and Recreation will not accept responsibility for a referred patient until all relevant information is confirmed and signed. *Please complete all sections of the form, incomplete forms may be returned and your patient may be temporarily deferred until all relevant information is obtained.*

Send Referrals Direct To:
EBHealthy@everybody.org.uk

Telephone Queries: 01625 383943 or 07976 837497

Postal Address: Everybody Sport and Recreation, Holmes Chapel Community Centre, Brooklands,
Station Road, Holmes Chapel, Cheshire, CW4 8AA.