

Move More Moray Referral form for Health Professionals

Referral Pathway

Health professional or potential participant completes referral form

Referral form received by Move More Moray

Potential participant phoned by Move More Moray team

Participant enrolled onto appropriate programme: gentle movement class/walking/circuits class/home

Participant attends 12-week Move More Moray programme

Participant signposted to on-going local activities

Participant advised to see GP if issues with triage/screening [Follow GP advice]

Together with Macmillan

Referral form for Health Professionals

Participant details:

Title First name Surname
DOB/CHI
Address Postcode
Telephone Email

Emergency contact:

Name Telephone
GP practice Telephone

Referring Health Professional:

Name (PRINT)
Place of work Designation
Telephone Email
Digital signature Date

Essential referral information: (Description of diagnosis **MUST** be completed)

Diagnosis **Date**

Treatment (select appropriate boxes)

Chemotherapy	Ongoing	Completed
Radiotherapy	Ongoing	Completed
Biological	Ongoing	Completed
Hormonal therapy	Ongoing	Completed
Surgery	Ongoing	Completed

Other

Past medical history:

Cardiac conditions (eg MI)

Surgery

Muscle, bone, joint conditions

Diabetes

Respiratory disease

Hearing/visual impairment

Cognitive impairment

Neurological condition (eg CVA)

Epilepsy

Other (please add):

Additional comments/information that is relevant to attending Move More Moray
eg Arthritis, low mood:

Move More screening questionnaire (tick to agree):

This patient does not have an unstable cardiac condition which would contraindicate physical activity

This patient does not suffer from unstable angina

This patient does not suffer from drop-attacks or blackouts

This patient does not suffer from an unstable/acute neurological condition (eg recent CVA)

Patient consent (Data Protection Act 1998):

I have been informed about the Move More Moray programme and wish to join a physical activity group Yes No

I agree to the information in this form being passed to the Move More team at Moray Council and to being contacted by telephone Yes No

I acknowledge that all information will be confidential and held at Moray Council for the purpose of the Move More programme Yes No

Signature

Date

Please send completed forms to:

Move More Moray,
Sports Development, Education & Social Care, Moray Council, High Street, Elgin, IV30 1BX
Telephone **01343 563642** Email **movemore@moray.gcsx.gov.uk**

All information passed to Move More is held in the strictest confidence under the guidelines of Data Protection Act 1998.