Fitter Futures Warwickshire

Fitter Futures Referral Form

Patient details	Date of referral:
Name:	Disability:
Gender:	Date of Birth:
Address: Postcode:	Ethnicity:
Telephone Number:	Email:

Referrer's details: complete or use stamp		
Name:	Profession:	
*GP Practice: (please give M code)	Organisation/Hospital:	Department:
Other:		
Telephone Number:	Email:	
***Patient's registered GP Surgery must be included within all referrals**		

Service Information – please select ONE service		
Preferred service provider		**Physical Activity on Referral -** Preferred leisure centre (if known):
		Slimming World - Adult Weight Management: Group programme: weekly support session where no foods are banned, so meals offer balance and variety, and are family friendly. Achieved using a Food Optimising Plan.
		WW (new Weight Watchers) – Adult Weight Management: Group programme: weekly support centred on a holistic programme for weight loss and wellness, guiding you to a healthy eating pattern.
		Everyone Health – Adult Weight Management: Group programme: 90-minute weekly support including fun and interactive practical nutrition activities alongside group physical activity sessions.
		Nuneaton & Bedworth Leisure Trust – Adult Weight Management: home-based nutrition and physical activity support for overweight individuals with any of the following conditions; mental health conditions, has reduced mobility and/or is living in isolation. Face to face support will be offered at weeks 1, 6 and 12.
Reason for Referral (for cardiac rehab please see additional questions on the reverse)		
Clinical diagnosis / current medical conditions relevant to referral		
BMI		
Current Medication		

Patient consent on reverse of the referral form

All Patients to complete: If the patient is under 18, please get a parent/guardian to complete this section	
I would like to access services available through Fitter Futures Warwickshire. I understand that some of the services are free, but others are chargeable at a reduced price. The options and costs will be discussed at the first meeting. I agree that my details can be used as part of monitoring and evaluation process of Fitter Futures Warwickshire.	
Name:	
Relationship to patient - If patient is under 18 years:	
Telephone number:	**E mail address:**
Please sign to agree:	**Date:**

Return form to: Fitter Futures Team, Customer Service Centre, Shire Hall, Market Place, Warwick, CV34 4RL
Referrals can be made online via: warwickshire.gov.uk/businessportal
Email: **fitterfutures@warwickshire.gov.uk**
Telephone: 01926 351 077
For more information about Fitter Futures Warwickshire Privacy Notice: www.warwickshire.gov.uk/privacy
*Please **do not** email referral forms to us*

Cardiac Rehabilitation Referrals Only			
Please indicate with a yes/no for each, whether the applicant has been diagnosed with any of the conditions listed. If yes, please provide the most recent incidence.			
Myocardial Infarction:	Yes □ No □	Pacemaker:	Yes □ No □
Angioplasty/Stent:	Yes □ No □	Arrhythmias:	Yes □ No □
Atrial Fibrillation:	Yes □ No □	Current Dyspnoea:	Yes □ No □
Coronary Artery By Pass Graft:	Yes □ No □	Current Angina:	Yes □ No □
Stable Heart Failure:	Yes □ No □	Lung function:	Good □ Moderate □ Poor □
Implantable Cardioverter Defibrillator:	Yes □ No □	Date:	

Medication – Please tick those currently taken		
Aspirin □	GTN Spray/Tablets □	Warfarin □
Lipid Lowering □	Calcium Channel Blocker □	Other Oral Anti-Coagulant □
Beta – Blocker □	Potassium Channel Activators □	Anti – Arrhythmic □
Alpha Blocker □	Ivabradine □	Insulin □
ACE Inhibitor Blocker □	Angiotensin II Receptor □	
Nitrate □	Diuretic □	
Other Medication/Comments:		

Is this patient clinically stable without any of the below contraindications to exercise:

- Unstable angina
- Unstable or acute heart failure
- Unstable diabetes
- New or uncontrolled atrial or ventricular arrhythmias
- Resting or uncontrolled tachycardia (> 100bpm)
- Resting systolic blood pressure > 180mmHg & / or resting diastolic blood pressure > 100mmHg
- Symptomatic hypotension or BP drop > 20 mmHg demonstrated during ETT
- Febrile illness.

Tick to confirm the above and that the patient is compliant with medication: Yes □ No □

Warwickshire County Council