# Fitter Futures Referral Form

| **Patient details** | **Date of referral:** |
|---|---|
| Name: | Date of Birth: |
| Gender: | Ethnicity: |
| Address:<br><br>Postcode: | Telephone Number: |
| Email: | |

| **Referrer's details:** | | |
|---|---|---|
| Name: | Profession: | |
| *GP Practice: | Organisation/Hospital: | Department: |
| Telephone Number: | Email: | |

***Patient's registered GP Surgery must be included within all referrals**

| **Service Information** | | |
|---|---|---|
| Preferred service provider<br><br><u>Please select ONE service</u> | | **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. |
| Reason for Referral (for cardiac rehab please see additional questions on the reverse) | □ Cardiac<br>□ Diabetes Type 1 and 2<br>□ Early to Mid stage Dementia<br>□ Hypertension<br>□ Mental Health (Mild to Moderate)<br>□ Muscular skeletal conditions<br>□ Neurological condition<br>□ Obesity/Overweight<br>□ Obesity/Overweight with additional concerns<br>□ Overweight and Postnatal<br>□ Overweight and Pregnant<br>□ Osteo/Rheumatoid/Arthritis/Osteoporosis<br>□ Recovering from Cancer<br>□ Respiratory Condition<br>□ Risk of Cardiovascular Disease<br>□ Strength and Balance Concerns | |
| Body Mass Index | | |
| Current Medication | | |

**Patient consent on reverse of the referral form**

| ESSENTIAL: Referrer Authorisation |
|---|
| 1. Does the patient consent to the data on this being shared with local delivery partners?<br>Tick box for yes only □ |
| 2. I (Health Professional) can confirm the details given are a true reflection of the patient's medical history. The patient is compliant with their medication and is safe to exercise.<br>Tick box for yes only □ |

**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** and Telephone: 01926 351 077
For more information about Fitter Futures Warwickshire Privacy Notice: www.warwickshire.gov.uk/privacy and www.warwickshire.gov.uk/directory-record/1266/fitter-futures

| 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 Bypass 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