Fit For Health Referral Form

Participant Details			Referrer Details	
Title		Forename		
Forename		Surname		
Surname		Job Title/		
Gender	Male Female	Profession		
	☐ Mx ☐ Prefer not to say	Organisation		
Date of birth		Address		
Address		Email		
	Postcode	Phone		
Email		Outdoor o	lasses	
Phone			sed classes	
GP Practice		Gym-base	d classes	
People being referred must be over 16yrs and have one or more of the following conditions: Cardiovascular Disease Chronic Pain Management Peferrals can be made for people with Chronic Pain (i.e.				
Disease, Coronar medicated), High	made for people with; Peripheral Artery y Artery Disease, High BP (stable and cholesterol (medicated), previous MI (In Cardiac Rehab specialist/health practitioner)	Referrals can be made for people with Chronic Pain (i.e lasting 1 year+) where exercise could have a beneficial impact on physical and/or psychological functioning.		
		Diabetes & Pre Diabetes		
	made for people with stable COPD (not on), controlled Asthma or other stable long	Referrals can be made for people with Type 1 & Type 2 diabetes if stable and controlled or those at risk of developing diabetes (referrer to base this on knowledge of the individual's risk factors.		
Cancer		Arthritis		
treatment and up & respiratory con	nade for people during prehab, cancer to 5 years post treatment. Any cardiac ditions should be stable and controlled. ck outs or drop attacks; no unstable acute	Referrals can be made for people with any arthritic condition for which exercise supports rehabilitation, improved conditioning and increased ability to self-manage.		
neurological con	ditions, Precautions - recent surgery ; Bony Metastasis; Peripheral Neuropathy;	Liver Disease		
Osteoporosis; Av	ascular Necrosis; Balance problems; on limiting the ability to follow simple		Referrals can be made for people with non-alcoholic fatty liver tissue disease, and other chronic liver conditions.	
instructions.	- ,	Heart Failure		
		Referrals can be m	ade for people with heart failure where ehabilitation, improved conditioning and hagement.	
Please tick where this referral has come from				
Cardiac Rehab Improving Cancer Journey Other HP				
Please give details of any conditions indicated and relevant treatments:				

EL0719 continued next page..

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Data Protection & Consent

Edinburgh Leisure Privacy Notice

The information on this form will be forwarded to Edinburgh Leisure to progress this physical activity referral.

Privacy is important to Edinburgh Leisure and the information on this form will only be used to enable Edinburgh Leisure to deliver and improve their services. Edinburgh Leisure will never sell anyone's data and will only keep data for as long as necessary to deliver and evaluate services.

There is more detail on Edinburgh Leisure's privacy notice on the website; www.edinburghleisure.co.uk/data-protection or you can send enquires to enquiries@edinburghleisure.co.uk or call 0131 458 2260.

By ticking the following boxes, you are confirming that, as the referrer detailed above:				
		ed us of any contra-indicators that you are aware of which may affect the to take part in physical activity		
	You have explained to the patient, detailed above, that this information will be passed to Edinburgh Leisure and they have given you their explicit consent for this to happen.			
Referrer Signature				
Date				

Please return completed forms to Active Communities using one of the following methods:

By email:

active@edinburghleisure.co.uk loth.active@nhslothian.scot.nhs.uk (if sending from an NHS account)

By post:

Active Communities, Edinburgh Leisure, Meadowbank Sports Centre, 139 London Road, Edinburgh, EH7 6AE

* As you are transferring personal data we recommend that you use encrypted emails or recorded delivery as appropriate.

www.edinburghleisure.co.uk

Registered Scottish Charity No: SC027450

Working together for a caring, healthier, safer Edinburgh



