

# XCITE HEALTH & WELLBEING REFERRAL FORM

## ELIGIBILITY CRITERIA

- Living with a long term condition where physical activity would be beneficial
- Stable and managed health condition
- Referrals must be residents of West Lothian
- Not be an existing Xcite member

## PARTICIPANTS DETAILS

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

DOB: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please select preferred initial venue (after 1st consultation, referrals can use any Xcite venue)

Xcite Bathgate     Xcite Craigswood     Xcite Linlithgow     Xcite Whitburn

Please select preferred activity choice: (Refer to Referral Pathways for more information on each option)

Gym     Wellbeing Class     Easyline

**YOUR CHARITY, INVESTING  
EVERY PENNY YOU SPEND  
BACK INTO A HEALTHIER AND  
HAPPIER WEST LOTHIAN.**

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## REFERRAL CONDITION

Please indicate the MAIN reason for the referral.

- |                                                                                                                                 |                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Cardiovascular Disease</b><br>BP, high Cholesterol, previous MI                                     | <input type="checkbox"/> <b>Chronic pain management/Arthritis</b><br>People living with Chronic pain where physical activity would be beneficial |
| <input type="checkbox"/> <b>Mental Health</b><br>Mild to moderate anxiety, stress & depression                                  | <input type="checkbox"/> <b>Diabetes</b><br>Type 1 and Type 2 – must be stable and controlled                                                    |
| <input type="checkbox"/> <b>Respiratory Disease</b><br>COPD, Asthma – stable and controlled                                     | <input type="checkbox"/> <b>Cancer</b><br>Prehab, during treatment or rehabilitation                                                             |
| <input type="checkbox"/> <b>Joint/Muscular injury</b><br>Injury to knee, ankles, shoulders etc where range of motion is limited | <input type="checkbox"/> <b>Weight reduction</b><br>People over the healthy weight range or at risk                                              |
| <input type="checkbox"/> <b>Alcohol/Substance Misuse</b><br>Must be stable                                                      | <input type="checkbox"/> <b>Long COVID</b><br>Experience of signs and symptoms and conditions that continue post COVID infection.                |

Please provide relevant details of any other health conditions:

## HEALTH PROFESSIONAL DETAILS

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Job Title: \_\_\_\_\_ Contact Number: \_\_\_\_\_

GP practice /Department /Specialty: \_\_\_\_\_

Email Address: \_\_\_\_\_



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## DATA PROTECTION & CONSENT

Please gain consent from the patient to share patient information with the information below:

- I consent for the above information to be passed on to Xcite @ West Lothian Leisure Health and Wellbeing Team.
- I agree that the Health & Wellbeing Team can contact my Health Professional if necessary and information on your engagement with the programme will be share with your Health Professional.
- I agree for information to be collated, anonymised and used for the evaluation of the Health and Wellbeing programme.

More information on West Lothian Leisure's privacy policy can be found on the website

[www.westlothianleisure/privacy-policy](http://www.westlothianleisure/privacy-policy)

## Please tick the following boxes:

- Verbal consent has been provided by the patient regarding the use of their information being shared with West Lothian Leisure
- You have made us aware of any contra indicators and this patient is suitable to start a physical activity programme

Date of referral: \_\_\_\_\_

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## PLEASE EMAIL COMPLETED REFERRAL FORM TO:

[wellbeingreferral@westlothianleisure.com](mailto:wellbeingreferral@westlothianleisure.com)

If you have any questions regarding a referral please contact the Health and Wellbeing team **01506 237950**

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