

# **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**

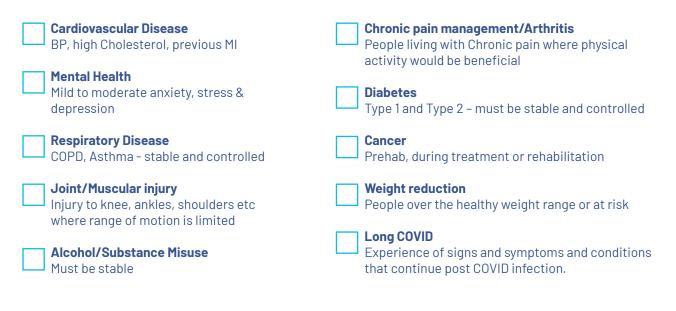
Forename:	Surname:
DOB:	Ethnicity:
Address:	Postcode:
Contact Number:	
Email Address:	
Please select preferred initial venue (after 1st cor	nsultation, referrals can use any Xcite venue)
Xcite Bathgate Xcite Craigswood	Xcite Linlithgow Xcite Whitburn
Please select preferred activity choice: (Refer to	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.	West Lothian Leisure (known as Xoite) is a Scottish Charity, SC027
	www.westlothianleisure.com



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### **REFERRAL CONDITION**

Please indicate the MAIN reason for the referral.



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** 

#### 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:

## PLEASE EMAIL COMPLETED REFERRAL FORM TO:

#### wellbeingreferral@westlothianleisure.com

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

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