



Health Matters Physical Activity Referral Scheme - Referral Form



Please complete in **BLOCK** capitals or affix address labels _____ Received Date

Client Details

Please remember to include a telephone number for the client to be contacted

Name:
Address:
Postcode:
Tel Home:
Tel Mobile:
D.O.B. Age:
Next of kin:

Referrers Details

Mr/Mrs/Miss/Ms/Dr

Name:
Profession:
Surgery/Dept:
Address:
Postcode:
Tel Home:
Email:

Preferred Leisure Centre:

WHO WILL QUALIFY FOR HEALTH MATTERS

BMI OF 30 AND ABOVE and have one or more of the following conditions:

- Hypertension
- Impaired Glucose Levels or Diabetes (Pre Diabetic)
- Hyperlipidaemia
- Family History of Heart Disease
- MILD to MODERATE mental health problem

BMI
BP:
Resting HR:
Weight:
Height (cm):

COMMENTS *(Relevant, Current or past health problems)*

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INCLUSION CRITERIA

- Clients must be 19 or over
- Currently Inactive*
- Motivated and ready to change

*Not currently meeting the UK Physical Activity guidelines of 150 minutes of moderate activity or 75 mins of vigorous activity per week

RELEVANT MEDICATIONS (If applicable please attach a list of the patient's medications.)

- Digoxin
- Alpha Blocker
- Diuretic
- Warfarin
- Beta Blocker
- Asthma Preventer
- Antiplatelet
- Calcium Blocker
- Asthma Reliever
- Nitrates
- ACE Inhibitor
- Insulin

PATIENT CONSENT

I agree for the information on this form to be passed on to the Fitness Professional. I understand that I am responsible for monitoring my own responses during exercise and will inform the instructor of any new or unusual symptoms. I will also inform the instructor of any changes in my medication and the results of any investigations or treatments. I agree to my personal data being used in all evaluations relating to the Physical Activity Referral Scheme.

Patient Signature: Print Name: Date:

Referrer Consent

The information on this form is an accurate representation of this patient's health status.

Referrer Signature Print Name: Date:



Please note the inclusion/exclusion criteria may change subject to the introduction of a regional referral form.





Health Matters Physical Activity Scheme

Notes for Healthcare Professionals



What is 'Health Matters'?

Health Matters is a physical activity referral scheme delivered by Causeway Coast and Glens Council in partnership with the Public Health Agency. This scheme provides referred patients access to a group based supervised 12 week physical activity programme. The physical activity referral scheme is designed specifically to the patient's needs to improve their health and quality of life.

Rates/Fee

The scheme is offered free of charge for a 12 week period.

Who will qualify for 'Health Matters'?

When referring a patient to Health Matters, please consider the following:

1. **BMI of 30 and above + one of the listed conditions**
2. The patient must be sedentary and not currently a member of a leisure centre gym
3. The patient must be ready to engage in regular physical activity
4. The patient must be considered capable of undertaking moderate physical activity
5. The patient must be available to commit to the 12 week program
6. The patient must be 19 years or over

Exclusion Criteria

We **do not recommend** that the patient be referred to the scheme if they fall into any of the following criteria:

- Uncontrolled hypertension
- Poorly controlled epilepsy
- Unstable angina
- Uncontrolled diabetes
- Cardiomyopathy, unless recommended by a heart specialist
- Cerebra-vascular disease/Stroke
- Current severe disease or disability which impedes ability to take part in physical activity
- Less than 12 weeks from a cardiac event
- Less than 12 weeks from giving birth
- Under the age of 19
- Unstable mental health state

Why complete the Referral Form?

The Referral Form demonstrates that a healthcare professional considers a course of physical activity to be beneficial to their patient's needs. It is important to fill in all sections of the form and not to leave any sections blank. It is essential that this information is correct, as it will be used to design a physical activity course specific to the patient's needs.

All information is treated as confidential

Once the form is completed and signed, please post to:

Health Matters Level 3 Exercise Referral Coordinator

Limavady:

Coleraine:

Ballymoney:

Ballycastle:

What happens next?

Within two to six weeks of receiving the form, the patient/client will be contacted by the Health Matters Coordinator to arrange an appointment.

Feedback Form to Referrer

At the end of the 12-week scheme a feedback form will be completed. A copy of this form will be forwarded to the referrer, a copy shall be given to the patient and the leisure centre will retain a copy. Should the patient, for whatever reason, drop out of the scheme, it will be noted on the feedback form.

INCLUSION CRITERIA

- Clients must be 19 or over
- Currently Inactive*

* **Not currently meeting the UK Physical Activity guidelines of 150 minutes of moderate activity or 75 mins of vigorous activity per week.**

- Motivated and ready to change*

***It is essential that clients are motivated and ready to change their behaviour**

BEHAVIOUR CHANGE STATUS

It is essential that patients being referred are at the very least third stage of the 'stages of change model' outlined below. Also acceptable would be fourth or sixth stage.

1. **Pre Contemplation** (Not yet acknowledging that there is a problem/behaviour that needs to be changed)
2. **Contemplation** (Acknowledging that there is a problem but not yet ready or sure of wanting to make a change)
3. **Preparation/Determination** (Getting ready to change)
4. **Action/Willpower** (Changing behaviour)
5. **Maintenance** (Maintaining the behaviour change)
6. **Relapse** (Returning to older behaviours' and abandoning the new changes).

