Reach)(
Reach for Health

Reach for Health NHS Referral Form

ACTIVITY ON REFERRAL (AoR) FORM AND ARMED FORCES COVENANT REFERRAL FORM

Patient Information *(Please print clearly)*

Name ....

Address ....

....

....

Post Code ....

NHS No: ....

Sex: Male ☐ Female ☐

Member of the Military Community (See P2) Yes ☐ No ☐

Date of Birth: .... / .... / ....

Tel No: ....

Registered GP: ....

Referral Information *(Please tick)*

Overweight/Obesity BMI > 30 or > 28 with co-morbidities ☐

Diabetes (Type I/Type II) please circle ☐

Moderate cholesterol > 6.5mmol/1 ☐

Controlled hypertension (> 160/100 mmhg) ☐

Smoker attempting to quit ☐

Stable Angina (Controlled & stable for 6 months) ☐

Asthma ☐

COPD/Pulmonary (lung related) ☐

Impaired Strength or Mobility ☐

Neurological (Parkinson's/MS) ☐

Back pain (not acute) ☐

Mild Depression/Anxiety Stress ☐

Current Medication

Please check for contraindications for physical activity.

Additional Information

Any relevant medical conditions? (eg: mobility or cardiac problems etc) or any specific activities/exercise that would be inappropriate for this patient.

PLEASE ALSO SEND PATIENT SUMMARY

Baseline Measures

BP: .... Resting HR: .... Height: ....(m) Weight: ....(kg) BMI: .... Waist Circumference: ....

Referrers Information

Name of HC Professional: ....

Signature: ....

Medical Practice: ....

Tel Number: ....

Please confirm that the patient is motivated and has agreed to this referral ☐

Date of referral: .... / .... / ....

Accredited Willing Provider NHS

Activity ON REFERRAL www.exercisecanhelp.com

British Heart Foundation HEART START

CAF Charities Aid Foundation

ARMED FORCES COVENANT

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Are the patients injuries related to Military duties? Yes ☐ No ☐

Was the ex-Serviceman/woman in an arduous role? Yes ☐ No ☐

Has the Serviceman/woman received MSKI intervention whilst serving? Yes ☐ No ☐

Has the Serviceman/woman received PTSD/Mental Health intervention whilst serving? Yes ☐ No ☐

Has the Serviceman/woman received residential rehabilitation courses whilst serving? Yes ☐ No ☐

Has the patient medical evidence of their previous medical injuries/interventions? Yes ☐ No ☐

Please provide a Summary of injuries and outline of previous medical history

Patient Informed Consent

This scheme has been fully explained to me. I wish to increase my current activity levels by participating in this scheme. I give my consent for any relevant clinical information about my health and participation on this scheme to be used for evaluation and monitoring purposes.
I consent to my information being stored on a database for audit purposes.

Patient's Signature: .... Date: .... / .... / ....

One copy of this form should be given to the patient
One copy should be be stored digitally by the referring body
One copy should be emailed to Reach for Health

Reach for Health will contact the patient following receipt of this form to arrange an appointment.
Should the patient want to contact Reach for Health our contact details are as follows:

Telephone: 01327 871118
Email: nccg.reachforhealthreferrals@nhs.net
Web: www.reachforhealth.co.uk
Address: 16-18 High March, Daventry, Northamptonshire, NN11 4HB, UK

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