

Referral Form – Macmillan Move More Programme



Patient details

Surname Forename
D.O.B Sex Tel no
Address
Post code
GP name Tel no
GP address

Details of cancer diagnosis (Include any cancer related symptoms):

Other known medical conditions (please tick):

- | | | |
|---|---|---|
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Rheumatoid arthritis |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Cystic Fibrosis |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> CFS |
| <input type="checkbox"/> Anxiety or Depression | <input type="checkbox"/> CHD | <input type="checkbox"/> Type 1 Diabetes |
| <input type="checkbox"/> Type 2 Diabetes | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Angina |
| <input type="checkbox"/> Other (please specify) _____ | | |

Medication:

1. 2.
3. 4.

Other (specify)

Blood pressure Resting heart rate

Please confirm and tick

- The patient exhibits no contraindications to exercise. The patient is clinically stable.
 The patient is compliant with medication.

Any other relevant information (please use the reverse if needed):

Referrer Name Referrer Signature: _____

Referrer Title/Service

Referrer Tel no and/or email:

Patient consent for referral– Please tick Patient Signature: _____ Date

By signing this form the client understands and agrees to a referral to the Move More Programme and that their information may be transferred to their local exercise referral scheme and if needed that their GP can be contacted to confirm their medical history.

Additional information:

BWDBC and our selected providers are obliged to keep your details securely, use them only to fulfil your service request and be compliant with the Data Protection Act. Lead professionals may need to pass your personal data on to a third party. This will only occur with your consent or unless we are legally required to do so. For more information on how we keep our data secure and how can you access your information, please refer to our website: <http://cms.intra.blackburn.gov.uk/server.php?show=ConWebDoc.6707>

Please return to Beth Sutcliffe, Macmillan Move More Programme, Leisure, Health and Wellbeing, Blackburn with Darwen Borough Council, 3rd Floor Central Library, Town Hall Street, Blackburn, BB2 1AH FAX: 01254 694 503 Phone: 07872047684
Secure email: beth.sutcliffe@blackburn.gcsx.gov.uk