The Reach for Health Centre

The Reach for Health Centre Ltd is a registered Charity, number: 1138302

The Reach for Health Centre Ltd NHS Referral Form

ACTIVITY ON REFERRAL (AoR) FORM

Patient Information *(Please print clearly)*

Name .....

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

Address .....

.....

..... **Post Code** .....

Tel No: .....

Email: .....

Sex: Male ☐ Female ☐ Other ☑

What is your ethnic group?

Asian or Asian British ☐

Black, Black British, Caribbean or African ☐

Mixed or multiple ethnic groups ☐

White ☐

Other ☐ *please describe* .....

NHS No: .....

Registered GP: .....

Referral Information *(Please tick)*

Overweight/Obesity BMI > 30 or > 28 with co-morbidities	☐	Asthma	☑
Diabetes (Type I/Type II) please circle	☐	COPD/Pulmonary (lung related)	☐
Moderate cholesterol > 6.5mmol/1	☐	Impaired Strength or Mobility	☐
Controlled hypertension (> 160/100 mmhg)	☐	Neurological (Parkinson's/MS)	☐
Smoker attempting to quit	☐	Back pain (not acute)	☐
Stable Angina (Controlled & stable for 6 months)	☐	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 Supporting active lifestyles

SUPPORTED BY NIHR | National Institute for Health Research

CAF Charities Aid Foundation

University of Northampton Partnership

Registered with FUNDRAISING REGULATOR

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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 stored digitally by the referring body
One copy should be emailed to The Reach for Health Centre

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

Telephone: 01327 871118
Email: nccg.reachforhealthreferrals@nhs.net
Web: www.reachforhealth.co.uk
Address: Stefen Hill Ground, Western Avenue, Daventry, Northamptonshire, NN11 4UD, UK

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