

**HealthWORKS Newcastle
Health Improvement Referral form**

Your details will be held on our database and will not be shared with anyone without your permission, unless we are required to do so in compliance with the Data Protection Act 2018.

Please use BLOCK capitals

Forename:		Surname:		Referral Date:	
D.O.B:		Gender:		NHS No:	
Ethnicity:		Registered disabled: Yes [] No []		Disability type:	
House No / Name:		Referrer's Details:			
Street:		Referrer Name:			
City:		Profession:			
Post Code:		Address:			
Main contact number:					
Usual GP:					
GP Practice:		Contact number:			
GP contact number:		Email:			

Programme required (please tick):

Exercise on referral programme	[]
Fall Prevention programme (Staying Steady)	[]
Social Prescribing Service (Community Health Trainers)	[]
Stop Smoking Service	[]

Please check	
Is this referral post NHS Health Check?	Yes [] No []
Have you checked criteria on next page?	Yes [] No []

Reason for Referral (please state).....

Exercise on Referral may not be suitable for patients where there is no underlying medical condition

Asthma/COPD [] Mental Health [] Diabetes Type 1 [] Diabetes type 2 [] Hypertension []
Musculo-skeletal [] CVD [] CVA/Stroke [] Weight Management [] Increase Activity Levels []

Additional comments:

**Please attach a full Summary Care report (current medication included).
Incomplete referral forms will be returned.**

Patient consent: I give my permission that a summary of my health records can be obtained from my General Practitioner and details of my care from health services can be checked from hospital records *If you are unable to sign, another person must sign on your behalf.

Signed: **Date:**

Send this form to:

Mail: Health Resource Centre, Adelaide Terrace, Benwell, Newcastle upon Tyne, NE4 8BE

Email: admin.healthworks@nhs.net

Please use BLOCK capitals

1. Social Prescribing Service & Stop Smoking Service (City wide)

Inclusion criteria

- Individual is keen to try this service
- Can commit / is willing to attend regular, weekly appointments within the community
- Is 18 years +
- Independently mobile, or mobility support in place, to access sessions within the community
- Able to consent to and follow an agreed plan, or has the support in place to do so

Exclusion criteria:

- Presents any known risk of violence/aggression
- At the end stages of a terminal illness
- Has a severe and enduring mental illness or short term memory loss, requiring specific expertise.

Contact: healthtrainers@hwn.org.uk Tel: 0191 272 4244

Stop Smoking Service is a 12 week programme open to anyone living or working in Newcastle.

2. Exercise on Referral (inner west of the city) The Health Resource Centre, Benwell Referrals for this scheme are accepted from any health professional.

Inclusion criteria:

- Is 18 years +
- Long term medical conditions (CVD, Diabetes, COPD, OA, RA etc.)
- Preparing for or recovering from surgery e.g. joint replacement
- At risk or fear of falling (and / or Osteoporosis)

Exclusion Criteria:

- Unstable angina
- Resting SBP>180mmHg or DBP>100mgHg
- Uncontrolled tachycardia
- Unstable diabetes
- Unable to follow instruction

Contact: physicalactivity@hwn.org.uk Tel: 0191 272 4244

N.B. There is a (subsidised) charge to the patient for this service.

3. Staying Steady (community fall's prevention) City wide

Referral criteria: (one or more of the following):

- Registered Newcastle upon Tyne GP
- History of falls (either injurious or non-injurious fall)
- Fear of falling
- Feeling unsteady or off balance
- Low bone density and / or family history of osteoporotic fracture.

Any patients that have not been through the Falls Service will be assessed by a specialist physiotherapist and referred on as appropriate. Self-referrals are accepted for this service.

Contact: admin.healthworks@nhs.net Tel: 0191 272 4244 or