**Keep Active, Keep Well programme**

The British Lung Foundation is running a scheme to help more people with a lung condition get more active.

The programme will accommodate up to 15 participants at a time and consist of a weekly 2-hour behaviour change workshop run by a respiratory exercise professional. Each workshop will run for 12 weeks between October 2016 and December 2017 on the Isle of Wight.

**Referral form**

To join the programme fill in the details below and hand it into your health care professional for completion.

Please note completion of this referral form does not guarantee automatic acceptance onto the programme.

|  |
| --- |
| **Your details** |
| First name |  |
| Date of Birth |  |
| Postal address |  |
|  |
|  |
|  |
| Post code |  |
| Preferred telephone number |  |
| Email address |  |

|  |
| --- |
| **Next of kin to be contacted in an emergency** |
| Name |  |
| Phone |  |
| Relationship |  |

**Please sign**

**Participant:** …………………………………………………(signature)

**Date:** ………………………………………………………...

Your Healthcare professional will fill out everything in grey.

|  |
| --- |
| **Your GP** |
| Name |  |
| Job Title |  |
| Organisation |  |
| Email Address |  |
| Telephone Number |  |
| Referral Date |  |

|  |
| --- |
| **Information about the participant** |
| Height (m) |  |
| Weight (kg) |  |
| BMI |  |
| Blood Pressure |  |
| Resting Heart Rate |  |
| Blood Sugar |  |
| Medication |  |
| Immunisation Record\*In order to participate patients are encouraged to have sufficient immunisations to reduce the spread of infection.  |  |

|  |  |
| --- | --- |
| Readiness Meter Score (1-10) |  |
| Is this person committed to participate? (Y or N) |  |
| Does this person give consent to be referred?(Y or N) |  |
| **To the best of my knowledge I believe this person meets the following criteria:** (please tick all boxes that apply)

|  |  |  |
| --- | --- | --- |
| 🞏 Alpha-1-antitrypsin deficiency (AATD)🞏 Asbestos-related conditions🞏 Asthma🞏 Bronchiectasis🞏 Chronic obstructive pulmonary disease (COPD) | 🞏 Idiopathic pulmonary fibrosis (IPF)🞏 Interstitial lung disease (ILD)🞏 Lung cancer🞏 Mesothelioma🞏 Obstructive sleep apnoea (OSA) | 🞏 Pneumonia🞏 Pulmonary hypertension🞏 Sarcoidosis🞏 Tuberculosis  |

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|  |  |
| --- | --- |
| Does the referred individual have any communication needs?*i.e. Hearing impairment or language barrier*  |  |
| **What outcomes would be beneficial for the referred individual and/or their family to achieve through their participation in the FWP programme?** (please tick all boxes that apply)

|  |  |  |
| --- | --- | --- |
| 🞏 Reduce weight🞏 Improve diet🞏 Develop better coping strategies for their health condition(s) | 🞏 Increase physical activity🞏 Improve mental health🞏 Improve social networks | 🞏 Quit smoking🞏 Reduce consumption of alcohol |

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**Please sign**

**Referrer:** …………………………………………………….(signature)**…………………………………………………..(Print name)**

**Date:** ………………………………………………………...

|  |  |
| --- | --- |
| http://webarchive.nationalarchives.gov.uk/20100304151554/http:/ico.gov.uk/upload/images/content/padlock_small.jpg | **All information provided will be treated in confidence and in accordance with the Data Protection Act 1998. It will only be used for the purposes of providing you with information and support within the Keep Active, Keep Well scheme unless stated otherwise.**  |

Thank you for completing the referral form please return it to: Cindy Dickson Jubilee Stores The Quay Newport Isle of Wight PO30 2EH. A British Lung Foundation advisor will ring you in the next few days.

If you have any questions in the meantime please call us on 01983 821000 ext. 8919 for a chat. Or you can email cindy.dickson@iow.gov.uk and we’ll answer your questions.