



Expert support to get  
you moving

Macmillan Cancer Support, registered charity in England and Wales (261017),  
Scotland (SC039907) and the Isle of Man (604).



# MOVE MORE EAST LoTHIAN

## Healthcare Professional Referral Form

### Participant details:

Title	First name	Surname
Address		Postcode
Phone	Email	
Date of birth	Gender	

### Emergency contact details:

Name	Telephone
GP Practice	Telephone

### Referring Health Professional details:

Name (PRINT)	
Place of work	Designation
Phone	Email
Signature	Date

### Essential Referral info (Diagnosis description **must** be completed):

Diagnosis	Date
Treatment (e.g.surgery)	Medication

Treatment (select appropriate boxes)

	Ongoing	Completed
Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
Radiotherapy	<input type="checkbox"/>	<input type="checkbox"/>
Biological	<input type="checkbox"/>	<input type="checkbox"/>
Hormonal Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Other		

## Past Medical History:

- |   |   |
|---|---|
| <input type="checkbox"/> Heart conditions (e.g. heart attack) | <input type="checkbox"/> Surgery (e.g. joint replacement)     |
| <input type="checkbox"/> Breathing conditions (e.g. asthma)   | <input type="checkbox"/> Hearing / visual impairment          |
| <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> Cognitive impairment (e.g. dementia) |
| <input type="checkbox"/> Neurological condition (e.g. stroke) | <input type="checkbox"/> Muscle, bone, joint conditions       |
| <input type="checkbox"/> Epilepsy                             |   |

Additional comments/information that is relevant to attending Move More East Lothian e.g. arthritis, low mood etc...

## Move More Screening Questionnaire

Has the participants' doctor ever said that they have a heart condition and should only do physical activity recommended by a doctor?  Yes  No

Does the participant feel a pain in their chest when they do physical activity?  Yes  No

In the past month, has the participant felt a pain in their chest when they were not doing physical activity?  Yes  No

Does the participant lose their balance because of dizziness, or do they ever lose consciousness?  Yes  No

Has their doctor ever said that they have had a stroke?  Yes  No

## Patient Consent (Data Protection Act 1998)

We are committed to protecting your privacy. **enjoyleisure** will only use your data to enable us to deliver and improve our service to you and process your payments where appropriate. We will never sell your data and we will only keep your data for as long as necessary to deliver our services and processes. More details about our privacy policy can be found at [www.enjoyleisure.com](http://www.enjoyleisure.com)

Please select this box to confirm that you have read and understood our Privacy Policy

## Patient Consent

Please tick to confirm that the patient in question has given you their consent to make this referral.

I have been given full consent by the patient.

**Please email completed forms to [movemore@enjoyleisure.com](mailto:movemore@enjoyleisure.com)**

Or post to: Move More East Lothian, Head Office, enjoyleisure, Musselburgh Sports Centre, Musselburgh, East Lothian, EH21 7AS. Tel: 0131 653 5264



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