

MOVE MORE EAST LoTHIAN

HEALTHCARE PROFESSIONAL REFERRAL FORM



Macmillan Cancer Support, registered charity in England and Wales (261017),
Scotland (SCO39907) and the Isle of Man (604).

MOVE MORE EAST LoTHIAN

Participant details:

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

Emergency contact details:

Name	Phone
GP Practice	Phone

Referring Health Professional details:

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

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

Diagnosis: Cancer type / Staging, if known	
Date	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:

- Heart conditions (e.g. heart attack)
- Breathing conditions (e.g. asthma)
- Cognitive impairment (e.g. dementia)
- Neurological condition (e.g. stroke)
- Muscle, bone, joint conditions
- Surgery (e.g. joint replacement)
- Hearing / visual impairment
- Diabetes
- 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

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.

**Please email completed forms to movemore@enjoyleisure.com
or via NHS secure email:
loth.exercisereferral@nhslothian.scot.nhs.uk**

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