

XCITE HEALTH & WELLBEING REFERRAL FORM

ELIGIBILITY CRITERIA

- Living with a long term condition where physical activity would be beneficial
- Stable and managed health condition
- Referrals must be residents of West Lothian
- Not be an existing Xcite member

PARTICIPANT DETAILS

Forename Surname

DOB Postcode

Address

Contact Number

Email Address

Ethnicity

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> White: Scottish | <input type="checkbox"/> White: other British | <input type="checkbox"/> Other white | <input type="checkbox"/> Mixed or multiple ethnic |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian Scottish | <input type="checkbox"/> Asian British | <input type="checkbox"/> African |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Black | <input type="text"/> Other : | |

Please select preferred initial venue (after 1st consultation, referrals can use any Xcite venue)

- | | | |
|--|--|--|
| <input type="checkbox"/> Xcite Bathgate | <input type="checkbox"/> Xcite Craigswood | <input type="checkbox"/> Xcite Whitburn |
|--|--|--|

Please select preferred activity choice: (Refer to Referral Pathways for more information on each option)

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Gym | <input type="checkbox"/> Wellbeing Class | <input type="checkbox"/> Easyline |
|-------------------------------------|---|--|

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EVERY PENNY YOU SPEND
BACK INTO A HEALTHIER AND
HAPPIER WEST LOTHIAN.**

REFERRAL CONDITION

Please indicate the **MAIN** reason for the referral - only tick **ONE** box, supporting information should be added to the free text box below

- | | |
|---|--|
| <input type="checkbox"/> Cardiovascular Disease Primary Prevention
Hypertension/High Blood Pressure
High Cholesterol | <input type="checkbox"/> Cardiovascular Disease Secondary Prevention
Cardiac Rehabilitation
Myocardial
Valve replacement
Heart Failure
Peripheral Artery Disease |
| <input type="checkbox"/> Respiratory Disease
<i>Must be stable and controlled</i>
Asthma or COPD | |
| <input type="checkbox"/> Falls Prevention – Physical Activity & Education Programme
<i>See Falls Prevention pathway for information</i>
Strength and Balance
Frailty
Bone Health
Osteoporosis | <input type="checkbox"/> Metabolic Disease
Type 1 Diabetes, Type 2 Diabetes
or Pre-diabetic |
| <input type="checkbox"/> Mental Health
Mild to moderate
Anxiety, Depression or PTSD | <input type="checkbox"/> Musculoskeletal
Osteoarthritis
Rheumatoid Arthritis
Back Pain
Joint Issues
Hip and Knee replacement |
| <input type="checkbox"/> Parkinsons Disease | <input type="checkbox"/> Weight management
Over a healthy weight range or at risk
Tier 3 weight management |
| <input type="checkbox"/> Stroke | |
| <input type="checkbox"/> Cancer
Prehab or Rehab | <input type="checkbox"/> Alcohol and Drug recovery
<i>Must be stable</i> |

Please add any specific information the team should be aware of when designing an exercise programme – this may include specific exercises to include/avoid, walking aids or use of medication eg inhalers.

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HEALTH PROFESSIONAL DETAILS

Forename

Surname

Job Title

Contact Number

GP Practice/Department/Speciality

Email Address

DATA PROTECTION & CONSENT

Please gain consent from the patient to share patient information with the information below:

- I consent for the above information to be passed on to Xcite @ West Lothian Leisure Health and Wellbeing Team.
- I agree that the Health & Wellbeing Team can contact my Health Professional if necessary and information on your engagement with the programme will be share with your Health Professional.
- I agree for information to be collated, anonymised and used for the evaluation of the Health and Wellbeing programme.

More information on West Lothian Leisure's privacy policy can be found on the website www.westlothianleisure/privacy-policy

PLEASE TICK THE FOLLOWING BOXES:

- ☐ Verbal consent has been provided by the patient regarding the use of their information being shared with West Lothian Leisure
- ☐ You have made us aware of any contra indicators and this patient is suitable to start a Physical activity programme

Referral signature:

Date of referral:

PLEASE EMAIL COMPLETED REFERRAL FORM TO:
wellbeingreferral@westlothianleisure.com

If you have any questions regarding a referral please contact the Health & Wellbeing team **01506 237950**

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