



IMPORTANT INFORMATION ABOUT THE STEP INTO HEALTH PHYSICAL ACTIVITY REFERRAL PROGRAMME

Step into Health physical activity referral programme is run by Newry, Mourne and Down District Council with support from The Public Health Agency. The group based exercise programme is designed to help anyone diagnosed with certain medical conditions to participate in physical activity on a regular basis.

Cost and Commitment:

The cost to participate in the programme is £20 per patient and this will enable the patient to take part in a set of 16 exercise sessions over an eight week period.

A concessionary rate of £10 is available to patients who meet the following requirements:

- aged 60 and over, or in receipt of DLA/PIPS
- All patients referred to the programme will be asked to present proof of this on the date of induction
- All patients referred to the programme must demonstrate their commitment by attending all 16 exercise sessions over a period of eight weeks at the times specified

All referrals are obliged to meet the following criteria:

- 16 years of age and over
- Patients medical condition must be stable
- Patient does not present with any absolute contra-indications to exercise Patient is compliant with current medication
- Patients should ideally have reached the contemplation stage of behaviour change and demonstrate commitment to the programme and be able to pay the participation fee

Patient suitability:

The physical activity referral programme co-ordinator will assess each patient referred to the programme in order to ensure that they are suitable. Anyone deemed unsuitable will not be permitted to participate in the programme.



For office use only
Date Received
Date and times contacted
Date of Induction

REFERRAL FORM

Personal Information	Doctors Information
Name:	Name:
Address:	Surgery Address/Department:
Postcode:	Postcode:
Contact No:	
D.O.B: Age:	Referrer Signature:

Primary Reason for Referral

Tick ONE box that identifies the patients primary medical condition

Overweight or Obese BMI is greater than 25 and with another co-morbidity/CHD risks factors or BMI greater than 30 without co-morbidities	Mental Health Mild/Moderate stable conditions such as stress, depression or anxiety.
Type 2 Diabetes	Mild/Moderate stable type 2 diabetes
Phase IV Cardiac Rehabilitation: For patients/clients exiting SHSCT phase 3 programme.	Hypertension: Mild/moderate stable raised blood pressure
Co-Morbidity	Other (Please Specify)

Additional Information

(Complications/Contraindications)

Resting HR
 result.....

Last BP

Date Medication: (please attach printout)

G.P. Health Professional Consent

Please read the information on the back of this form and sign your consent for the above mentioned client to partake in the 'Step Into Health' physical activity referral programme.

G.P./Health Professional Name:.....

G.P./Health Professional Signature:..... Date:.....

*Health professionals: Please inform clients GP and provide the Physical Activity Co-ordinator with the GP's details below.

Note: It is the health professional's responsibility to ensure that all sections of this form are completed in full and where additional information is required, forward to the GP for completion and onward referral.

GP Name;.....

Signature.....

Please forward completed referral form to:

Physical Activity Referral Co-ordinator,
 Newry Leisure Centre, 60 Cecil St, Newry, BT35 6AU



