**Service User Details**

**Champions Show the Way Referral Form**

**This form is for the referral of suitable service users to Community Health Champion-led activities, delivered by Champions Show the Way.**

**Referral Criteria**

* The service user must recently have been discharged from hospital and or have a long term condition.
* They must be independent enough to leave their own home un-aided
* They must be well enough to access an activity in the local community run by a volunteer.
* Where appropriate have GP approval to participate in a physical activity.
* The service user must be informed that the referral to Champions Show the Way is being made and that someone from the team will be getting in touch with them.

**Please post to:**

Champions Show the Way, Cottingley Surgery, 10 Canon Pinnington Mews, Cottingley, BD16 1AQ or

**Telephone:** 01274 321911 or **Fax:** 01274 322663

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Title** *(Mr, Mrs, Miss, Ms)* |  | **2. Date of Birth** |  | **3. NHS No** |  |
| **4. Name** |  |
| **5. Address***Postcode* |  |
| **6. Telephone** |  |
| **7. Email** |  |
| **8. First language?** |  | **9. Any Communication issues?** |  |
| **10. Has the patient been made aware that this referral is being made?** | * **Yes**
 | * **No**
 |
| **11. Is the patient required to have permission to participate in physical activity?**  | * **Yes**
 | * **No**
 |
| **12. If yes do they have the appropriate permission?**  *By who?* | * **Yes**
 | * **No**
 |
|  |
| **13. Does the patient have, or is the patient a carer?**  | * **Yes**
 | * **No**
 |
| ***DETAILS*** |  |
| **14. Has the patient been admitted, or had a stay in hospital, in the last 90 days** | * **Yes**
 | * **No**
 |
| ***DETAILS*** |  |
| **15. Reason For referral?** | * **Relaxation**
 | * **Healthy Eating**
 | * **Isolation**
 |
| * **Increase physical activity**
 | * **General Mental Wellbeing**
 | * **Other? *(please state below)***
 |
|  |
| **16.GP Practice** |  | **Referrer Contact**  |
| **NAME:** |
| **TEAM:** |
| **Tel:** |
| **17. Where did you hear about us** | **Eg Word of mouth, workplace, GP surgery, Library, leaflet** |
| **PLEASE TURN OVER** | **Date of referral** |  |

|  |  |  |
| --- | --- | --- |
| **18.** **Gender**Please help us measure the equality of our service by completing the following information *about the patient*. |  |  |
| * Male
 | * Female
 | * Unknown
 |
| **19. Age** |  |  | **For office use** |
| * under 20
 | * 41-50
 | * 71-80
 | * Did not disclose
 |
| * 21 - 30
 | * 51-60
 | * 81-90
 | * No referral details
 |
| * 31 - 40
 | * 61-70
 | * 91+
 | * Unable to contact
 |
| **20. Do you have a long term condition or a disability as defined by the definition of a disability under the Equality Act 2010?** *PLEASE TICK ANY THAT ARE RELEVANT* |
| * Yes
 | * No
 |  |
| * Alzheimer’s
 | * Diabetes
 | * Parkinson’s
 |
| * Asthma
 | * Epilepsy
 | * Skin condition
 |
| * Back Problems
 | * Heart Condition
 | * Speech Impediment
 |
| * Blood condition
 | * Learning Difficulties
 | * Visual Impairment
 |
| * High Blood Pressure
 | * Lower Limb Disorder
 | * Other Long Term Condition – please state
 |
| * Low Blood pressure
 | * Upper Limb Disorder
 |
| * Cancer
 | * Mental Health Issues
 |
| * COPD
 | * Multiple Sclerosis
 |
| * Deaf or hard of hearing
 | * Osteoarthritis
 |
| * Dementia
 | * Osteoporosis
 |
| **21. Do you have any allergies?** If yes, please state. |
|  |
| **22. Please describe your ethnic group** *(please tick one)* |  |  |
| * White – British
 | * Mixed - White & Asian
 | **For office use** |
| * White - Irish
 | * Mixed - Any other mixed background
 | * Did not disclose
 |
| * White - Any other background
 | * Asian or Asian British - Indian
 | * Unable to make contact
 |
| * White - Scottish
 | * Asian or Asian British - Pakistani
 | * No referral details
 |
| * White - Welsh
 | * Asian or Asian British - Bangladeshi
 |  |
| * White - Gypsy/Romany
 | * Asian or Asian British - Any other
 |  |
| * Mixed - White & Black Caribbean
 | * Black or Black British - Caribbean
 |  |
| * Mixed - White & Black African
 | * Black or Black British - African
 |  |
| * East European – please state
 | * Black or Black British - Any
 |  |
| * Other Ethnic Groups – please state
 |  |
| **23. Do you have a religion or Belief?** *(please tick one)* |  |  |
|  |
| * Atheism
 | * Hinduism
 | * Sikhism
 |
| * Buddhism
 | * Islam
 | * Other (please specify)
 |
| * Christianity
 | * Judaism
 | * None
 |
| **24. Are you a veteran?** *(A Veteran is someone who has spent at least 1 day in the armed forces)* |
| * Yes
 | * No
 |
| **25. Please describe your sexual orientation** *(please tick one)* |
| * Heterosexual/straight
 | * Gay Women/Lesbian
 | * Choose not to disclose
 |
| * Gay Man
 | * Bi Sexual
 |  |