Bradford District Care
NHS Foundation Trust

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 215404

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?				❒ **Yes**	❒ **No**
By who?					
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**				

Date of referral	

PLEASE TURN OVER

Please help us measure the equality of our service by completing the following information *about the patient*.

18. Gender			
❑ 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	