ACTIVE LIVES PATHWAY – REFERRAL FORM

Inclusion criteria (all referrals must meet these)	Exclusion criteria (all referrals must meet these)
• Adults aged 18 years and over • Resident of Dumfries and Galloway • Patients referred from Alcohol and Drug Services should be Recovery Ready	• Patients who are physically active • Patients not motivated to be physically active

The Active Lives Pathway has three tiers of activities that Health and Social Care Professionals can refer into (Tiers 2-4) and one to signpost to (Tier 5). Tier 1 is a Clinical Pathway.
People are referred into a Tier based on 4 key criteria, summarised in the table below.

Tier	Patient is motivated to be active	Patient requires 1:1 support to be active	Patient living with / at risk of health condition(s)	Patient is physically inactive	Referral
1	**Clinical Pathway** Referrals into Tier 1 are for Health and Social Care Professional to Professional. Referrals to Tier 1 are part of established Health and Social Care clinical pathways.				
2	Yes	Yes	Yes	Yes	Yes – 16 week free programme
3	Yes	No	Yes	Yes	Yes – 8 week free programme
4	Yes	No	No	Yes	Yes – 8 week free programme
5	Yes/No	No	No	No	Signpost to DG Doing More

More information including on Tiers and a quick and easy screening tool is available on the DG Doing More Website.

What Tier of the Active Lives Pathway are you referring into?

Please tick not sure if uncertain of the referral Teir. All people will be contacted before starting.

Tier 2 ☐ Tier 3 ☐ Tier 4 ☐ Not sure ☐

Patient Name		**Referral Date**	
Date of Birth		**Patient Email**	

Address including Postcode

Gender

☐	Male	☐	Female
☐	Intersex	☐	Prefer Not to Say

☐ My gender is not represented here. This is how I would describe my gender (please give brief details below)

Telephone

NOTE: All referrals will be followed up by telephone.

GP Practice Name

Primary reason for referral: For example, to increase level of exercise, to help self-manage a pre-existing medical conditions.

Patient medical conditions and lifestyle factors – if known (please tick all that apply)

- ☐ None (Tier 4)
- ☐ Cancer (non-specific)
- ☐ Cancer specific (e.g. breast, bowel)
- ☐ Cardiovascular primary prevention (e.g. hypertension)
- ☐ Cardiovascular secondary prevention (e.g. acute coronary syndrome, heart failure, stroke)
- ☐ Falls prevention (primary and secondary prevention)
- ☐ Learning disability (e.g. autism spectrum disorder)
- ☐ Long Term Condition (e.g. chronic pain, long covid...)
- ☐ Mental health condition or disability (e.g. anxiety, depression, schizophrenia)
- ☐ Metabolic disease (e.g. type 2 diabetes)
- ☐ MSK - Musculoskeletal (e.g. back pain, osteoarthritis)
- ☐ Neurodegenerative disease (dementia, Alzheimer's, Parkinson's)
- ☐ Recovery ready from problem substance use
- ☐ Respiratory disease (e.g. chronic obstructive pulmonary disease, asthma)
- ☐ Weight loss or weight maintenance
- ☐ Inactive and/or sedentary
- ☐ Unknown
- ☐ Other (please state)

Please provide brief details of current medical conditions that may affect the patient's ability to be physically active?

Referring Service – If known

- ☐ Alcohol & Drug Partnership
- ☐ AHP – Cardiac
- ☐ AHP Chronic Fatigue
- ☐ AHP - MSK
- ☐ AHP Pulmonary
- ☐ AHP Private
- ☐ AHP – Rehab
- ☐ Cancer
- ☐ Community Link
- ☐ Diabetes
- ☐ GP
- ☐ Home Teams
- ☐ Mental Health
- ☐ Occupational Therapy (DGC)
- ☐ Orthopaedic Podiatry Re-ablement
- ☐ Quit Your Way
- ☐ Self Referral – Bereavement
- ☐ Self Referral – Carer
- ☐ Self-Referral – Family or Friend
- ☐ Social Work
- ☐ Third Sector Partner
- ☐ Weight Management
- ☐ Other – Health and Social Care
- ☐ Other – Non Health and Social Care

Name of referring practitioner	
E-mail Address	
Position	
Organisation	

Does the person consent for information sharing to relevant disciplines within the Health and Social Care Partnership and Dumfries and Galloway Council? ☐

The patient has been made aware that information relating to their referral will be appropriately shared with professionals from across the Health and Social Care Partnership, Dumfries and Galloway Council and approved community providers. The patient has been made aware that they may be contacted by the service provider via phone, email or letter. ☐

They are aware they can withdraw from a referral programme at any time by emailing Active.Communities@dumgal.gov.uk

Signature:

Please return completed referrral form to Active.Communities@dumgal.gov.uk