

Dear Client: To make a local appointment, please call ALFA on: 0161 833 4434.

Bring this form with you to the appointment.

Fields marked with * must be completed for referral to be processed.



Referral Form (please print)

Date*: _____

Person referring*: _____ Designation*:

Address/Stamp*: _____

Client Details

Name*: _____ DOB*: _____ Tel*:

Address*:

_____ Postcode*:

Reason for referral (please indicate letter(s) a) to j) from section One in the guidelines)* _____

Other relevant medical information:

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Medication (if known):

Clinicians *

Please confirm that the following conditions are satisfied before referring:

- Controlled Hypertension: Systolic <180mmHg and Diastolic <100mmHg
- The client does not suffer from any of the conditions from section two in the guidelines.

**NOTE: Non-clinical referrals do not require medical information. This will be obtained from the client's G.P.

Dear Referrer:

Please distribute copies as follows:

White Copy: To client.

Yellow Copy: Send to ALFA.

Pink Copy: Medical file (or to ALFA if non-clinical referral).

Medical Suitability Guidelines

Before referring a client for a physical activity and lifestyle consultation, please check the following:

Section One: DO REFER IF:

The client fulfils at least ONE of the following criteria:

- a) 10 yr CHD risk >15%
- b) Stable Angina and able to walk 0.5 mile or 10 min without onset of pain
- c) Established Peripheral Vascular Disease
- d) History of TIA or previous CVA
- e) History of Myocardial Infarction, CABG or angioplasty (if they have never attended cardiac rehab, an additional form may need to be completed)
- f) Mild to moderate obesity (BMI 25-40)
- g) Mild to moderate mental health condition
- h) Controlled diabetes
- i) Mild to moderate COPD
- j) Any other condition where physical activity intervention has been shown to be effective (Please State)

Section Two: DO NOT REFER IF:

The client has any of the following:

- New CVA (eligible for stroke rehabilitation)
- Other conditions which severely limit physical activity or mobility

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- Severe mental illness

N.B. Some clients with these conditions may still be suitable for referral – please call to check about individual cases.