

WE ARE
MACMILLAN.
CANCER SUPPORT

MOVE MORE DUNDEE

Referral Pathway

Health professional or potential participant completes referral form

Referral form received by Move More Dundee

Potential participant phoned by Move More Dundee team

Participant enrolled onto appropriate programme:
walking groups, gentle movement classes, gardening and circuit classes

Participant attends Move More Dundee programme

Participant signposted to on-going local activities

Participant advised to see GP if issues with triage/screening [Follow GP advice]

Move More Dundee Referral Form

Participant details:

Title First name Surname
DOB/CHI
Address Postcode
Telephone Email

Emergency contact:

Name Telephone
GP practice Telephone

Referring Health Professional:

Name (PRINT)
Place of work Designation
Telephone Email
Signature Date

Essential referral information: (Description of diagnosis **MUST** be completed)

Diagnosis **Date**

Treatment (select appropriate boxes)

Chemotherapy	Ongoing	Completed
Radiotherapy	Ongoing	Completed
Biological	Ongoing	Completed
Hormonal therapy	Ongoing	Completed
Surgery	Ongoing	Completed

Other

Past medical history:

Cardiac conditions (e.g. MI)

Muscle, bone, joint conditions

Respiratory disease

Cognitive impairment

Epilepsy

Other (please add):

Surgery

Diabetes

Hearing/visual impairment

Neurological condition (e.g. CVA)

Additional comments/information that is relevant to attending Move More Dundee

eg Arthritis, low mood etc:

Move More screening questionnaire (tick to agree):

This patient does not have an unstable cardiac condition which would contraindicate physical activity

This patient does not suffer from unstable angina

This patient does not suffer from drop-attacks or blackouts

This patient does not suffer from an unstable/acute neurological condition (e.g recent CVA)

Patient consent (Data Protection Act 1998):

I have been informed about the Move More Dundee programme and wish to join a physical activity group Yes No

I agree to the information in this form being passed to the Move More team and to being contacted by telephone Yes No

I acknowledge that all information will be confidential and held at Move More Dundee for the purpose of the Move More programme Yes No

Signature

Date

Please send completed forms to:

Telephone **01382 432259**

Email **wellbeing.referrals@dundeecity.gov.uk**

Data Protection

All information provided will only be used by Leisure and Culture Dundee for the purposes of managing your involvement in the Move More Dundee programme. This includes using the information to make contact with you to arrange consultations, input and feedback.

Sensitive data, relating to your medical history/medication, will be only used for the creation of client specific plans.

General data will be used to create reports on the effectiveness of the programme, however this will be statistical and non-identifiable data to ensure complete anonymity and security of participants.

Leisure and Culture Dundee will securely hold the data provided. All data provided by you will be processed, stored and destroyed in accordance with the General Data Protection Regulation (GDPR) and only for the duration of your involvement within the Move More Dundee programme.

For full information on Leisure and Culture Dundee's privacy policy, including guidance on retention periods please see our website for further details at www.leisureandculturedundee.com/privacy-policy.

SUBMIT

PRINT

SAVE AS