

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:

Move More Dundee Co-ordinator, Olympia, 3 East Whale Lane, DD1 3JU

Telephone **01382 432259**

Email **movemore@dundeecity.gcsx.gov.uk**