Healthy Active Minds Referral Form

Lothian – Psychological Interventions Network

Participant Details
Title / First Name / Surname
Address (including postcode)
Email Address:
Contact Telephone Number:
Is it OK to leave a message… (please circle) • on your answer phone YES / NO • with the person who answers the phone YES / NO
Date of Birth:

Health Professional Details
Referring GP Name
Surgery Address:
Email Address:
Contact Telephone Number:
Date of Referral:

Activity Preference				
Cycling		Gym		Other (please detail)
Fitness Classes		Swimming		
Gardening		Walking		

Background Information & Screening Questions			
Diagnosis			
Anxiety: Mild ☐ Moderate ☐ Severe ☐	**Depression**: Mild ☐ Moderate ☐ Severe ☐	**Stress**: Mild ☐ Moderate ☐ Severe ☐	**Other** (please detail)
PHQ-9 Score	(please attach completed PHQ-9 form with referral)		
Is the patient interested in a physical activity programme?		**Yes** ☐	**No** ☐
Is the patient currently misusing drugs or alcohol?		**Yes** ☐	**No** ☐
Is the patient on any medication which may affect their ability to exercise?		**Yes** ☐	**No** ☐
GP Comments:			

Patient Declaration:	
I declare that to the best of my knowledge there is no reason why I should not participate in a personalised activity programme. I understand that I take part in any recommended programme entirely at my own risk and waive any legal recourse for damages arising from my participation. I also understand that I am responsible for monitoring my own responses during exercise and will inform the Healthy Active minds Instructor of any new or unusual symptoms. I will also inform the instructor of any changes in my medication as soon as possible.	
The information you provide in this form will be kept confidential and will only be used by authorised staff to help you plan and follow your activity programme. We will not share your data with anyone else except in a medical emergency. We may process data for statistical purposes but all data will remain anonymous.	
Signature:	Date:

GP to complete

If the Healthy Active Minds referral programme was not available, I would have….					
Prescribed medication		Referred them to a mental health services		Other (please detail)	
Seen the patient more myself		Referred them to another agency			

Please return completed referral forms to:
Healthy Active Minds Co-ordinator, 3 Cultins Road, Edinburgh, EH11 4DF
Tel: 0131 458 2188 Fax 0131 458 2169

Edinburgh Leisure
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