

SHEFFIELD PHYSICAL ACTIVITY **REFERRAL** SCHEME

Our service is for physically inactive people, or people that want to get more active, with a range of health conditions and disabilities, who need support to become more physically active. Our qualified, experienced and supportive staff help people develop a personal activity plan aimed at improving their quality of life. People have a range of activity options across Sheffield that re local to them. When at out venues people will receive discounted access to activities such as swimming, fitness classes and the gym, as well as 1-1 support to make the most of their time in the venue.

SHOULD REFER

You can refer anybody above 16 years old that is physically inactive AND/OR living with the following long term conditions:

- Hypercholesterolemia
- Asthma
- Hypertension
- Chronic Obstructive Pulmonary Disease
- Anxiety and Depression
- Diabetes Type I and II
- Cancer
- BMI Overweight/Obesity > 25
- Osteoporosis
- Chronic Musculoskeletal Conditions (including OA, RA, back pain, joint replacements)
- Long OtherTerm Health Condition

For patients with stable cardiac conditions, post cardiac surgery or event such as stroke and heart attack (Please complete a BACPR Form in place of this form)



SHOULDN'T REFER

People who have the following conditions are not suitable for the exercise referral scheme and should be signposted to appropriate medical professionals for initial support and review:

- Unstable angina
- Systolic Blood Pressure >180mmHg
- Diastolic blood pressure >100mmHg
- Resting tachycardia > 100 bpm
- Uncontrolled Atrial or Ventricular arrhythmias
- Acute heart failure
- Uncontrolled diabetes
- Febrile illness
- Patients who have suffered a cardiac event and have not completed a Phase III cardiac rehabilitation programme must be six months post event

HOW DO YOU REFER

Referral is simple, just follow the below steps:

- 1 Provide the person with the choice of venue to attend (these are overleaf)
- 2 Fill in the Sheffield Physical Activity Referral Form which forms part of the pack you have received
- 3 Send this to the nominated service and/or venue with a Medical History

Our Partners



Sheffield Physical Activity Referral Scheme
Proud to be part of www.movemoreshffield.com
Sheffield's plan to be the UK's most active City by 2020



THE VENUES



Physical Activity Referral Team (all venues)

Graves Tennis and Leisure Centre

Bochum Parkway, S8 8JR
Tel: 0114 283 9900

Wisewood Sports Centre

Laird Road, S6 4BS
Tel: 0114 233 5457

Thorncliffe Health & Leisure Centre

Pack Horse Lane, High Green, S35 3HY
Tel: 0114 284 4890



Physical Activity Referral Team

Email: jean.kirby@zestcommunity.co.uk
Tel: 0114 270 2040 ext 225
Fax: 0114 399 8004

The Zest Centre

18 Uppertorpe, S6 3NA



Physical Activity Referral Team

Email: gpreferral@actsheffield.com
Tel: 0114 243 4340

ACT Firvale Centre 2nd floor

Earl Marshal Rd Sheffield S4 8LB



Physical Activity Referral Team

Please send all referrals to:

Community Wellness Services, SOAR Works,
14 Knutton Rd, S5 9NU

Email: info@communitywellnessservices.co.uk
Tel: 0114 553 7807



Physical Activity Referral Team (all venues)

Email: exercisereferral@siv.org.uk
Tel: 0114 257 4426

Ponds Forge International Sports Centre

Sheaf Street, S1 2BP

Hillsborough Leisure Centre

Beulah Road, S6 2AN

Concord Sports Centre

Shiregreen Lane, S5 6AE

Springs Leisure Centre

East Bank Road, S2 2AL

Heeley Pool

Broadfield Road, S8 0XQ



Physical Activity Referral Team (only available for people affected by cancer)

Email: Activeeveryday@shu.ac.uk
Tel: 0114 225 5645

Active Everyday

Collegiate Crescent, S10 2BP



Physical Activity Referral Team

Email: sdo@stocksbridgeclc.co.uk
Tel: 0114 288 3792

Stocksbridge Community Leisure Centre

Moorland Drive, Stocksbridge, Sheffield, S36 1EG

THE VENUES

PLEASE SEND REFERRALS TO EACH PROVIDER AT THE BELOW ADDRESS AND TICK THE PREFERRED VENUES:



Physical Activity Referral Team (all venues)

Please tick chosen venue:

Exercise Referral Team

Graves Tennis and Leisure Centre

Bochum Parkway, S8 8JR

Tel: 0114 283 9900

Exercise Referral Team

Wisewood Sports Centre

Laird Road, S6 4BS

Tel: 0114 233 5457

Exercise Referral Team

Thornccliffe Health & Leisure Centre

Pack Horse Lane, High Green, S35 3HY

Tel: 0114 284 4890



Physical Activity Referral Team (all venues)

Please send all referrals to:

Concord Sports Centre
Shiregreen Lane, S5 6AE

Email: exercisereferral@siv.org.uk

Tel: 0114 257 4426

Please tick chosen venue:

Ponds Forge International Sports Centre

Hillsborough Leisure Centre

Concord Sports Centre

Springs Leisure Centre

Heeley Pool



Physical Activity Referral Team

Email: jean.kirby@zestcommunity.co.uk

Tel: 0114 270 2040 ext 225

Fax: 0114 399 8004

Please tick chosen venue:

The Zest Centre

18 Upperthorpe, Sheffield, S6 3NA



Physical Activity Referral Team

Email: Activeeveryday@shu.ac.uk

Tel: 0114 225 5645

Please tick chosen venue:

Active Everyday

Collegiate Crescent, S10 2BP



Physical Activity Referral Team

Email: gpreferral@actsheffield.com

Tel: 0114 243 4340

Please tick chosen venue:

ACT Firvale Centre 2nd floor

Earl Marshal Rd Sheffield S4 8LB



Physical Activity Referral Team

Email: sdo@stocksbridgeclc.co.uk

Tel: 0114 288 3792

Stocksbridge Community Leisure Centre

Moorland Drive, Stocksbridge, Sheffield, S36 1EG

Please tick chosen venue:

Stocksbridge Community Leisure Centre

Moorland Drive, Stocksbridge, Sheffield, S36 1EG



Physical Activity Referral Team

Please send all referrals to:

Community Wellness Services, SOAR Works,
14 Knutton Rd, S5 9NU

Email: info@communitywellnessservices.co.uk

Tel: 0114 553 7807

Please tick chosen venue:

We have sessions near your home or work!

SHEFFIELD PHYSICAL ACTIVITY REFERRAL SCHEME FORM

PLEASE NOTE:

We are unable to start patients who has suffered a heart attack/stroke or had cardiac surgery in the last six months and has not completed a Phase III Cardiac Rehabilitation Programme or who has any unstable condition. All conditions should be medically managed prior to referral and stable on referral. Cardiac patients should be referred using the BACPR Cardiac Referral Form. Anyone affected by cancer should be referred to Active Everyday.

PERSONAL INFORMATION

Name: _____
Date of Birth: _____
Home (Tel): _____
Mobile (Tel): _____
Work (Tel): _____
E-mail: _____
Address: _____
Post Code: _____
Date of Referral: _____

GP DETAILS

GP's name: _____
Practice: _____
Telephone: _____
E-mail: _____
Address: _____
Post Code: _____

REFERRING HEALTH CARE PROFESSIONAL'S DETAILS:

Name: _____
Job Title/Role: _____
Address: _____
Post Code: _____
Reason for Referral: _____

MEDICAL CONDITIONS (PLEASE TICK)

Patient specific notes for Physical Activity (please enter comments which will assist activity coordinators to support clinical treatments – such as avoid certain movement/ focus on strengthening certain parts of the body)

- Patient is stable
- Previous MI/or cardiac condition**
(Please complete a BACPR Form in place of this form)
- Living with/recovering from cancer
(refer to Active Everyday)
- Coronary Heart Disease Risk Factors
- Asthma
- Hypertension
- Anxiety and Depression
- Chronic Obstructive Pulmonary Disease
- Diabetes Type I and II
- Overweight/Obesity BMI > 25
- Osteoporosis
- Chronic MSK pain
(including OA, RA, back pain, joint replacements)
- Chronic Neurological Disease (e.g. CVA, MS, Parkinsons)
- Physically Inactive
- Any other long term condition (Please specify):

Any other disabilities or additional needs
(Including language needs) (Please specify):

Referrer's Signature:

Referrers Name Print:

Date: