MAC Referral Form

Refer to guidance notes to ensure that this patient is suitable for referral.
This referral is valid for 3 months.

Patient Details

Name:

Address:

Tel No: DOB:

GP Details

Name:

Address:

Tel No:

Referral Indication (please tick)

Obesity (BMI >30) ☐
Mild/Moderate Mental Health Problem ☐
COPD ☐
Diabetes ☐
Stroke (please see over) ☐

Relevant Medical History

Please give details of condition(s) and treatment(s):

_____

_____

_____

Is your patient currently prescribed any medication? Please give details or attach list.

_____

_____

Baseline Measures

Weight:_____ BMI:_____

Height:_____ BP:_____

Activity Preference

Cycling ☐
Gym ☐
Fitness Classes ☐
Walking ☐
Swimming ☐
Gardening ☐
Other (Please detail) ☐

_____

Does your patient have any other limitations that would require consideration prior to them participating fully in any physical activity?
Please give details.

_____

_____

Declaration

The information supplied here is current and full permission has been granted by the patient to pass on this information.

Health Professional

Signature

Print Name

Date

Please send this referral to:
FAO Isabel Lean
C/o Hazel Robertson
Community Desk
Bonnyrigg Health Centre
109-111 High Street
Bonnyrigg

The information provided in this form will be held securely in accordance with the Data Protection Act and will only be used by authorised staff in the development of an activity action plan. We will not share your data with anyone else except in a medical emergency. We may process your data for statistical purposes but all data will remain anonymous.

MAC Referral Form

For Stroke patients only – please complete in as much detail as possible.

Patient has/is susceptible to (tick as appropriate)			
Hearing impairment ☐	Hemiparesis ☐	Receptive dysphasia ☐	Impaired static balance ☐
Visual impairment ☐	Shoulder subluxation ☐	Expressive dysphasia ☐	Impaired dynamic balance ☐
Memory impairment ☐	MSK pain ☐	Disarthria ☐	Impaired response time ☐
Impaired alertness ☐	Neuro related pain ☐	Arrhythmia ☐	History of falls ☐

Altered body scheme awareness ☐	Altered tone (describe):

Is patient able to mobilise > 5 metres with or without walking aid?	Yes / No
Is patient able to sit independently?	Yes / No
Does patient require AFO?	Yes / No
Is patient able to self monitor?	Yes / No

ABSOLUTE CONTRA-INDICATIONS

- Recent ECG changes suggesting MI
- Severe stenotic or regurgitant valve disease
- Uncontrolled arrhythmia
- Unstable angina
- Third degree heart block or acute progressive heart failure
- Acute aortic dissection
- Acute myocarditis or pericarditis
- Acute pulmonary embolus or pulmonary infarction
- Deep vein thrombosis
- Extreme obesity, with weight exceeding equipment capacity
- Suspected or know dissecting aneurysm
- Acute infection
- Uncontrolled visual or vestibular disturbances
- Recent injurious fall without medical assessment

NONE PRESENT ☐ (tick to confirm)

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