



Comhairle Ceantair  
an Iúir, Mhúrn  
agus an Dúin  
Newry, Mourne  
and Down  
District Council

## BE ACTIVE FOR HEALTH

To be completed by referrer and signed by client. The completed referral form should be sent directly to the Health Referral Coordinator through email to: [Beactiveforhealth@nmandd.org](mailto:Beactiveforhealth@nmandd.org)

Please complete in **BLOCK** capitals

### CLIENT DETAILS

Please remember to include a telephone number for the client to be contacted on.

Name:.....

Address:.....

.....

Postcode:.....

Tel Home:.....

Tel Mobile:.....

D.O.B:.....Age:.....

Next of kin:.....

### REFERRER'S DETAILS

Mr/Mrs/Miss/Ms/Dr:.....

Name:.....

Profession:.....

Programme:.....

G.P practice:.....

Practice code:.....

Telephone no:.....

Email:.....

### INCLUSION CRITERIA

The service is intended for people who meet **all** the following criteria:

- Clients must be 19 years or over;
- Inactive (not currently meeting the PA guidelines of 150 minutes of moderate activity or 75 minutes of vigorous activity per week)
- Readiness to engage in a personalised physical activity programme with support
- Clients who have risk factors for developing ill health or disease such as overweight with initial focus on those assessed as pre-diabetic, individuals who wish to maintain or improve their mental health and wellbeing and would benefit from accessing opportunities to improve physical activity levels.

\*Initial referrals will focus on those identified as pre-diabetic, referred to the DPPNI programme and those assessed by primary care Multi-Disciplinary Teams.

### PATIENT CONSENT

I agree for the information on this form to be passed on to the Health Referral Coordinator in Newry, Mourne and Down District Council. I give consent to be contacted for the duration of the intervention period, at 6 month and 1 year follow up. I provide consent for my information to be retained up to this period and to be used in evaluations.

### PARTICIPANT SIGNATURE

Participant signature:.....

Print Name:.....

Date: .....

### REFERRER SIGNATURE

Referrer signature:.....

Print Name:.....

Date: .....



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## What is Be Active for Health programme?

The Be Active for Health programme is aimed at people who are inactive. The programme will provide a range of green outdoor space and indoor physical activity opportunities for clients who are at risk of developing long term health condition as a preventative approach.

The Be Active for Health programme is free of charge.

## Who will qualify for the Be Active for Health programme?

The service is intended for clients who meet **all** the following criteria:

- Aged 19 years and over
- Reside in Newry, Mourne and Down area
- Inactive (not currently meeting the PA guidelines of 150 minutes of moderate activity or 75 minutes of vigorous activity per week)
- Readiness to engage in a personalised physical activity programme with support
- Clients who have risk factors for developing ill health or disease such as overweight with initial focus on those assessed as pre-diabetic, individuals who wish to maintain or improve their mental health and wellbeing and would benefit from accessing opportunities to improve physical activity levels.
- This programme would **not** be suitable for those experiencing acute or unstable mental ill health.

\*Initial referrals will focus on those identified as pre-diabetic, referred to the DPPNI programme and those assessed by primary care Multi-Disciplinary Teams

## The Be Active programme is a preventative intervention therefore more tailored programmes exist for referral for specific health conditions:

- Cancer Diagnosis ( refer to Move More)
- Any musculoskeletal condition that does not allow independent exercise and those requiring rehabilitation post orthopaedic surgery. (SHSCT area refer to Over to You )
- Over 65 and at risk of falls( Refer to Falls Co-Ordinator for Strength and Balance classes )
- Any client that has a medical condition should discuss with their GP before taking up the initiative as PARS might be a more appropriate referral

## Why complete the referral form?

Please ensure all parts of the form are completed accurately, as the Health Referral Coordinator will make direct contact with the client. All information will be treated as confidential.

Once the form is completed and signed please return to:

[Beactiveforhealth@nmandd.org](mailto:Beactiveforhealth@nmandd.org)

## What happens next?

Within 2 weeks of receiving the form, the clients will be contacted by the Health Referral Coordinator to arrange a meeting.

## Feedback form

A feedback form will be provided to the client and referrer on completion of the 12 week programme for evaluation purposes.