

Adult (18+) WOW Referral Form.

Important Patient Informed consent

Please mark with x if applicable

- The patient exhibits no contraindication to exercise (as indicated on the protocol)
- The patient is clinically stable
- The patient is compliant with medication
- The patient is awaiting/not awaiting further medical or surgical treatment (see protocol)

Patient Wishes to attend a WOW Programme:

x if applicable

- 1) Morning 10:00 – 12:00
- 2) Afternoon 12:00 – 2:00
- 3) Evening 6:00 – 8:00

Referring GP/Consultant/Practice Nurse

I have read and discussed the most suitable referral pathway and I am happy for the patient to exercise in the Weight Management Programme at a low intensity level. I understand that if I deem the patient to be unsuitable to engage in exercise by ticking the No Exercise box above, they will only participate in the dietary modification component of the Weight Management Programme

Signature of authorised Referring GP/Consultant/Practice Nurse:

Print Name:

Date:

Patient

I agree for the above information to be passed onto the fitness instructor, practice and PCT staff involved in the Weight Management Programme. I understand that I am responsible for monitoring my own responses during exercise and will inform the instructor of any new or unusual symptoms. I will also inform the instructor of any changes in my medication, the results of any investigations or treatment.

Patient Signature:

Print Name:

Date:

PLEASE COMPLETE AND RETURN TO CRAWLEY WELLBEING

Working in partnership

Crawley Wellbeing is brought to you by the Health and Wellbeing Partnership for Crawley. A partnership between Crawley Borough Council, West Sussex Primary Care Trust, West Sussex County Council and a number of voluntary sector organisations; working together with you to improve the health and wellbeing of those living and working in Crawley.

What small change are you going to make today?

Make a change today and get in touch with Crawley Wellbeing.

Call us on
01293 585317

Email us at
wellbeing@crawley.gov.uk

Check us out on
www.crawleywellbeing.org.uk

Crawley Wellbeing
K2 Crawley, Pease Pottage Hill, Crawley
West Sussex RH11 9BQ

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WOW

Weight Off Workshop



Small changes make a **BIG** difference

crawley wellbeing

What is WOW?

WOW (Weight Off Workshop) is a free 10 week weight-management programme that Crawley Wellbeing is running on behalf of the GP surgeries in Crawley. The programme consists of weekly two-hour sessions over a 10 week course that combines nutritional advice together with low-level physical activity.

Who is it for?

To qualify for WOW you must be aged over 18, have a BMI (Body Mass Index) of around 30*, have a desire to commit to the programme and be able to make the weekly sessions. To attend WOW ask your GP or Practice Nurse to refer you today or contact us.

* Speak to your GP to see if you qualify

How do I get referred?

Ask your GP or Practice Nurse to complete the attached form and return it to Crawley Wellbeing at the address below.

Or call us on 01293 585317 or email us on wellbeing@ Crawley.gov.uk or check us out on www.crawleywellbeing.org.uk

Crawley Wellbeing
K2 Crawley, Pease Pottage Hill, Crawley
West Sussex RH11 9BQ



What happens next?

Once we have received your completed and signed referral form we will contact you to offer you a place on a course. WOW courses run at a variety of locations across Crawley and at different times so we will make every effort to put you on a course that suits you.

Adult (18+) WOW Referral Form.

West Sussex 
Primary Care Trust

Patient Details:		Referrer's Details:
Name:	M / F	Name and Profession:
Address:		Surgery/Department:
		Address:
Postcode:		Postcode:
D.O.B:	Age:	
Tel. Home:		Tel.:
Tel. Work:		
Weight (kg):	Height (cm):	BMI:
Current Status – CHD Risk Factors		
<i>x if applicable</i>		
<input type="checkbox"/> Resting BP	<input type="checkbox"/> Resting Heart Rate	
<input type="checkbox"/> Stable Type 1/Type 2 Diabetes	<input type="checkbox"/> Raised Cholesterol	
<input type="checkbox"/> Not Physically Active	<input type="checkbox"/> Smoker	
<input type="checkbox"/> Excess Alcohol	<input type="checkbox"/> Stress	
Past Medical History		
<i>x if applicable, please supply dates and details as far as possible</i>		
<input type="checkbox"/> COPD/Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hypertension
<input type="checkbox"/> CVA/Neuro problems	<input type="checkbox"/> Ortho/Musc-Skeletal problems	
Details:		
Other Considerations including medication:		
Exercise Intensity		
<i>Please select with x if this patient is - select one box only</i>		
<input type="checkbox"/> Suitable to partake in a low intensity exercise session involving low impact pulse raising CV stations, such as: knee raises/lunge backs/walking on spot, and resistance stations using resistance bands/body or light weights.		
<input type="checkbox"/> To attend dietary modification/behaviour change part of course only		
Please list any injuries/conditions that might effect participation in an exercise programme:		
INJURY/CONDITION	EFFECT OF EXERCISE	
Are there any activities the patient should not engage in?		